

**FEC  
FORM 1**

**STATEMENT OF  
ORGANIZATION**

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5  
 Barr for Congress

ADDRESS (Number and street) 255 E. Paces Ferry Road, Ste. 350  
 X (Check if address is changed) Atlanta GA 30305  
 CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS  
 jennifer@bobbarr.org

COMMITTEE'S WEB PAGE ADDRESS (URL)  
 www.bobbarr.org

COMMITTEE'S FAX NUMBER  
 678-904-5800

2. DATE 04 / 14 / 2003

3. FEC IDENTIFICATION NUMBER C C00300640

4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer L. Craig Dowdy

Signature of Treasurer Electronically Filed by L. Craig Dowdy Date 10 / 16 / 2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

5. TYPE OF COMMITTEE (Check One)

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate Bob Barr

Candidate Party Affiliation **REP** Office Sought:  House  Senate  President State **GA** District **07**

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

(d)  This committee is a \_\_\_\_\_ (National, State (or subordinate) committee of the \_\_\_\_\_ (Democratic, Republican, etc.) Party.

(e)  This committee is a separate segregated fund

(f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

\_\_\_\_\_  
 \_\_\_\_\_

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ CITY ▲ STATE ▲ ZIP CODE ▲

Relationship \_\_\_\_\_

Type of Connected Organization:

- Corporation
- Membership Organization
- Corporation w/o Capital Stock
- Trade Association
- Labor Organization
- Cooperative

Write or Type Committee Name

**Barr for Congress**

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

\_\_\_\_\_ Telephone number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **L. Craig Dowdy**

Mailing Address **255 E. Paces Ferry Road, Ste. 950**

**Atlanta** CITY ▲ **GA** STATE ▲ **30305** ZIP CODE ▲

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

**Treasurer** Telephone number **770** - **836** - **1776**

Full Name of Designated Agent \_\_\_\_\_

Mailing Address \_\_\_\_\_

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

\_\_\_\_\_ Telephone number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Suntrust Bank

Mailing Address

Atlanta

GA

30338

CITY Δ

STATE Δ

ZIP CODE Δ