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FEC
FORM 1

STATEMENT OF
ORGANIZATION

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the form.

127E4M5

Rick Crawford for Congress

ADDRESS (number and street)

Post Office Box 10

(Check if address
is changed)

X

Cedartown

GA

30125

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

rickcraw@bellsouth.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

678-1246-1212

2. DATE

09 25 2003

3. FEC IDENTIFICATION NUMBER

C:00389080

4. IS THIS STATEMENT

NEW (N)

OR

X

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

James W. LeGrande

Signature of Treasurer

James W. LeGrande

Date

09 25 2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact
Federal Election Commission
 toll free 800-654-6537
 Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

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 James R. ("Buck") Crawford

Candidate Party Affiliation: DEM Office Sought: House Senate President State: GA District: 11

- (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.

8. Name of Any Connected Organization or Affiliated Committee

Name of Connected Organization or Affiliated Committee

Mailing Address

CITY STATE ZIP CODE

Relationship

Type of Connected Organization:

- Corporation Corporation with Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

Rick Crawford 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 Joe Binns

Mailing Address Post Office Box C

Cedartown GA 30125

Title or Position CITY STATE ZIP CODE

Finance Director Telephone number 678-246-1200

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 James N. LeGrande

Mailing Address Post Office Box 686

Rockmart GA 30153

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 770-684-6703

Full Name of Designated Agent James W. LeGrande

Mailing Address Post Office Box 686

Rockmart GA 30153

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 770-684-6703

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.

First National Bank of Polk County

Mailing Address

Post Office Box 228

Cedartown GA 30125

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/>	Hand Delivered	Date of Receipt
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<input type="checkbox"/>	No Postmark	
<input type="checkbox"/>	Postmark Illegible	
<input type="checkbox"/>	Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/>	Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/>	Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/>	Electronic Filing	
<i>JML</i>		<i>10-2-03</i>
PREPARER		DATE PREPARED

(6/2006)