

RECEIVED
FEC MAIL ROOM

2002 MAR 22 A 10:00

**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

WHETSTONE FOR CONGRESS

P.O. BOX 2284

ADDRESS (number and street)

(Check if address
is changed)

GULF SHORES,

AL

36547

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

davidwhetstone@davidwhetstone.com

bsanders@gulfstel.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.davidwhetstone.com

2. DATE

03 19 2002

3. FEC IDENTIFICATION NUMBER ▶

TO BE ASSIGNED

C

4. IS THIS STATEMENT

NEW (N)

OR

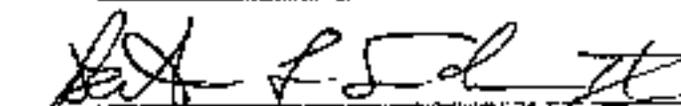
AMENDED (A)

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

BERTRAM L. SANDERS II

Signature of Treasurer



Date

03 19 2002

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 800-424-9690
Local 202-594-1100

FEC FORM 1
(Revised 1/01)

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: JOHN DAVID WHEISTONE

Candidate Party Affiliation: REP Office Sought: House Senate President State: AL District: 01

- (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

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Write or Type Committee Name

WRETSTONE 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 BERTRAM LAMAR SANDERS II

Mailing Address P.O. BOX 2109
GULF SHORES AL 36547

Title or Position TREASURER CITY STATE ZIP CODE
251-968-2727
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 BERTRAM LAMAR SANDERS II

Mailing Address P.O. BOX 2109
GULF SHORES AL 36547

Title or Position TREASURER CITY STATE ZIP CODE
251-968-2727
Telephone number

Full Name of Designated Agent MATTHEW R. TAYLOR

Mailing Address P.O. BOX 2109
GULF SHORES AL 36547

Title or Position ASST TREASURER CITY STATE ZIP CODE
251-968-2727
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.

FIRST GULF BANK

Mailing Address

P.O. BOX 6789

GULF SHORES

AL

36547-6789

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 checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>3-22-02</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<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>AMW</i> PREPARER	<i>3-22-02</i> DATE PREPARED