

RECEIVED
FEC MAIL ROOM

2002 APR 22 P 3 48

Date: April 15, 2002
To: Federal Elections Commission
From: Richard R. Hutaff, Treasurer
Helms for Congress, P.O. Box 850, Monroe, NC 28111
Re: Re-filed Statement of Organization
Report for period 1/1/02 to 3/31/02

Enclosed is the Statement of Organization for the Helms for Congress committee, which was first sent to the FEC by first class mail on March 15, 2002.

Please file this Statement and issue our committee an identification number.

Our report is also enclosed. Please enter our identification number when issued, or notify us if we need to re-file the report amended to include the identification number.

This memorandum, together with the above-referenced reports, is being sent on April 15, 2002, to the following address by certified mail, return receipt requested:

Federal Elections Commission
999 E Street, NW
Washington, DC 20463

Thank you for your assistance with this matter.

Sincerely,



Richard R. Hutaff, Treasurer
Helms for Congress

2002 APR 22 P 3:48

**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

HELMS FOR CONGRESS

ADDRESS (number and street)

PO BOX 850

(Check if address is changed)

MONROE

NC

28111

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

trippp@helmsforcongress.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

helmsforcongress.com

2. DATE 03/14/2002 Refiled 4/15/2002

3. FEC IDENTIFICATION NUMBER ▶ 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 Richard R. Hutaff

Signature of Treasurer *Richard R. Hutaff*

Date 04/15/2002

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.

Office Use Only

For further information contact
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

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 WILLIAM FRANKLIN HELMS III AKA TRIP HELMS

Candidate Party Affiliation DEM Office Sought Y House Senate President State NC District 08

- (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

HELMS 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 TREASURER

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 RICHARD R. HUTAFF

Mailing Address PO BOX 278

MONROE NC 28111 - _____

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲
TREASURER Telephone number _____ - _____ - _____

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.

TRINITY BANK

Mailing Address

310 W. FRANKLIN STREET

MONROE NC 28112

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

