

RECEIVED
FEDERAL
OPERATIONS CENTER

2003 AUG 25 A 10:10

FEC
FORM 1

STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FB4M5

Helvey For Congress LLC

ADDRESS (number and street)

PO Box 15434

(Check if address
is changed)

Winston Salem NC 27113-1034

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

info@helveyforcongress.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.helveyforcongress.com

COMMITTEE'S FAX NUMBER

336-1631-9377

2. DATE

08/14/2003

3. FEC IDENTIFICATION NUMBER ▶

000386607

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

LEONARD R ROBINETT, Jr.

Signature of Treasurer

Date

08/14/2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §497g.

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 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. Helvey, III

Candidate Party Affiliation Rep Office Sought House Senate President State NC District 5

- (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
- Labour Organization
- Cooperative

Write or Type Committee Name

HELVEY FOR CONGRESS LLC

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 LEONARD R. ROBINETT, JR

Mailing Address PO Box 15434

WINSTON SALEM NC 27113-10434

Title or Position CITY STATE ZIP CODE

CUSTODIAN Telephone number 336-794-3006

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 LEONARD R. ROBINETT, JR

Mailing Address PO Box 15434

WINSTON SALEM NC 27113-10434

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 336-794-3006

Full Name of Designated Agent TODD K BORTON

Mailing Address PO Box 15434

WINSTON SALEM NC 27113-10434

Title or Position CITY STATE ZIP CODE

ASSISTANT TREASURER Telephone number 336-631-1937

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.

BBBT

Mailing Address

110 SOUTH STRATFORD RD

WINSTON SALEM NC 27104

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

BANK OF AMERICA

Mailing Address

380 KNOXWOOD ST, SUITE 201

WINSTON SALEM NC 27103-1834

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
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 8-19-03
<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>Sti</i> PREPARER	8-25-03 DATE PREPARED