

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

RECEIVED FEDERAL ELECTION COMMISSION PUBLIC DISCLOSURE DIVISION

FEB 22 1 33 PM '02 Office Use Only

1. NAME OF COMMITTEE (In full)

(Check if name is changed)

Example: If typing, type over the lines.

12FB4M5

BEN ALLEN FOR CONGRESS

ADDRESS (number and street)

11214 LANSY WALKER BLVD

(Check if address is changed)

AUGUSTA

GA

30901

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

10 11 20 01

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

SANFORD LOYD

Signature of Treasurer

Sanford Loyd

Date

10 11 20 01

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 800-424-9520 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 BENJAMIN J. LEBEN

Candidate Party Affiliation DEM Office Sought House Senate President State GA District 12

- (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

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 STANFORD LOYD
 Mailing Address 1124 LANEY-WALKER BLVD.
AUGUSTA GA 30901
 Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲
TREASURER Telephone number 706-724-7023

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 STANFORD LOYD
 Mailing Address 1124 LANEY-WALKER BLVD.
AUGUSTA GA 30901
 Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲
TREASURER Telephone number 706-724-7023

Full Name of Designated Agent CEDRIC JOHNSON
 Mailing Address 1124 LANEY-WALKER
AUGUSTA GA 30901
 Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲
ASSISTANT TREASURER Telephone number 706-724-7023

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 BANK

Mailing Address

1580 WALTON WAY

AUGUSTA GA 30904

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

