

**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
 HainesforCongress.com

ADDRESS (Home or street) 367 W. Rutherford Street
 (Check if address is changed) Athens GA 30606
 CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
 mikehamby@charter.net

COMMITTEE'S WEB PAGE ADDRESS (URL)
 www.hainesforcongress.com

COMMITTEE'S FAX NUMBER
 [][][] [][][] [][][][]

2. DATE 10 / 08 / 2003

3. FEC IDENTIFICATION NUMBER C C00387993

4. IS THIS STATEMENT X 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 Vincent Michael Hamby

Signature of Treasurer Electronically Filed by Vincent Michael Hamby Date 10 / 09 / 2003

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				
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For further information contact:
 Federal Election Commission
 Toll Free 800-424-9530
 Local 202-894-1100

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 Mr. Doug Haines

Candidate	Office				State	GA
Party Affiliation	Sought:	<input checked="" type="checkbox"/> House	<input type="checkbox"/> Senate	<input type="checkbox"/> President	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

HainesforCongress.com

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 Mr. Matthew Edwards

Mailing Address 125-B Barnett Shoals Road

Athens GA 30605 -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Assistant Treasurer Telephone number 706 - 207 - 5526

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 Vincent Michael Hamby

Mailing Address 150 Westpark Drive
Apartment #102

Athens GA 30606 -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Manager/Treasurer Telephone number 706 - 613 - 6799

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.

Southtrust Bank

Mailing Address

290 Alps Road

Athens

GA

30606 -

CITY Δ

STATE Δ

ZIP CODE Δ