

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

RECEIVED SECRETARY OF THE SENATE OCT 11 11:05 PM '07

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

JIM NEAL FOR SENATE INC

ADDRESS (number and street)

PO BOX 697

(Check if address is changed)

CHAPEL HILL

NC

27514-

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

ACTION@JIMNEALFORSENATE.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.JIMNEALFORSENATE.COM

COMMITTEE'S FAX NUMBER

919-869-1876

2. DATE

10 10 2007

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

J. Harry Weatherly, Jr

Signature of Treasurer

Harry Weatherly, Jr

Date

10 10 2007

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.

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

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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 JIM NEAL

Candidate Party Affiliation D Office Sought: House Senate President State NC District

- (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

NONE

Mailing Address _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

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Write or Type Committee Name

JIM NEAL FOR SENATE

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 SARA FURMAN

Mailing Address P.O. BOX 697
CHAPEL HILL NC 27514

Title or Position CITY STATE ZIP CODE

FINANCE DIRECTOR Telephone number 919-870-7594

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 J. MARTY WEATHERLY, JR

Mailing Address 1423 BROOKDALE AVE
CHARLOTTE NC 28210

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 704-607-12548

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

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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.

WACHOVIA CORPORATION

Mailing Address

124 S. ESTES DR. NC 9528

P.O. BOX 2100

CHAMPEL HILL NC 27514

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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NANCY ERICKSON
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7118
PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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FEDERAL EXPRESS	_____	<input type="checkbox"/>
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DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

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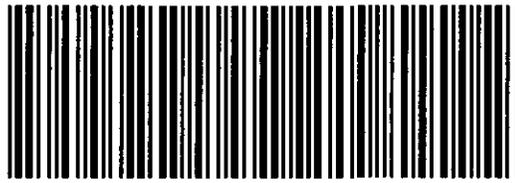
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