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FEC
FORM 1

STATEMENT OF
ORGANIZATION

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12PB4M5

PEOPLE WITH A PART, INC.

ADDRESS (number and street) POST OFFICE BOX 135

(Check if address is changed) WILMINGTON VA 22050-0135

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

HELP@PEOPLEWITHAPART.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.PEOPLEWITHAPART.COM

COMMITTEE'S FAX NUMBER

202-471-2729

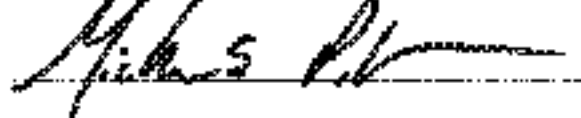
2. DATE 03 11 2004

3. FEC IDENTIFICATION NUMBER ▶ C00346114

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 GENEVA S. PERSHON

Signature of Treasurer  Date 03 11 2004

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.

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: MELISSA HART

Candidate Party Affiliation: REP Office Sought: House Senate President State: CA District: 13

- (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

Meeting 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 WILSON, KEVIN S. FIERSON

Mailing Address POST OFFICE BOX 135

MEMPHIS

TN 38103-0135

Title or Position CITY STATE ZIP CODE

CHAIRMAN

Telephone number 901-739-1750

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 WILSON, KEVIN S. FIERSON

Mailing Address POST OFFICE BOX 135

MEMPHIS

TN 38103-0135

Title or Position CITY STATE ZIP CODE

TREASURER

Telephone number 901-739-1750

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

B. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds amounts, rents, safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

CITIZEN NATIONAL BANK

Mailing Address

POST OFFICE BOX 250

ALBANY GEORGIA 31707 VA 16166-0250

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

CITIZEN BANK OF PENNSYLVANIA

Mailing Address

11030 PERKY HIGHWAY

WARRIOR VA 25910

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

The FEC 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"/> USPS First Class Mail	Postmarked 3-11-04
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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>see</i>	3-17-04
PREPARER	DATE PREPARED