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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. 12FB4M5

Boyd for Congress

ADDRESS (number and street)

P. O. Box 17706

(Check if address is changed)

Raleigh

NC

27619

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 03 06 2002

3. FEC IDENTIFICATION NUMBER ▶

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 David Spencer

Signature of Treasurer

Date 03 06 2002

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				
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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-696-1100

FEC FORM 1
(Revised 1/04)

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: Graham Boyd

Candidate Party Affiliation: REP. Office Sought: House Senate President State: NC
 District: 13th

- (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 with 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 | Impact Strategies, Inc. |

Mailing Address | P.O. Box 20875 |

| |

| Raleigh | | NC | | 27619 |

Title or Position | CITY | STATE | ZIP CODE

| | Telephone number | 919 | - | 782 | - | 5292 |

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 | David Spender |

Mailing Address | 3901 Barrett Drive, Suite 202 |

| |

| Raleigh | | NC | | 27609 |

Title or Position | CITY | STATE | ZIP CODE

| Treasurer | Telephone number | | - | | - | |

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.

Wachovia bank

Mailing Address

4220 Lassiter Mill Road

Raleigh

NC

27609

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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