

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

RECEIVED FEC MAIL ROOM

2002 MAR 14 P 1:58

Office Use Only

1. NAME OF COMMITTEE (In full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

PAUL HEILMKE FOR CONGRESS

ADDRESS (number and street)

1235 KIRKITE LAKE

(Check if address is changed)

FORT LAUDERDALE

FORT LAUDERDALE FL 33307

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

paulheil@heilmkeforcongress.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.heilmkeforcongress.com

2. DATE

02 21 2002

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

IAN M. ROLLAND

Signature of Treasurer

Jan M. Rolland

Date

03 01 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

For further information contact: Federal Election Commission Toll Free 800-424-9530 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 PAUL HELMIKE

Candidate Party Affiliation  R E P      Office Sought:  House     Senate     President      State  IN      District  03

- (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

Paul Helmske for Congress

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 KATHLEEN E. FERRELL

Mailing Address 1922 FLORIDA DRIVE

FORT MAYNE IN 46805

Title or Position CITY STATE ZIP CODE

ASSISTANT TREASURER Telephone number 260-422-1560

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 TAMI H. RICHMOND

Mailing Address 11012 NATIONAL CITY BANK

110 W. BERRY STREET

FORT MAYNE IN 46802

Title or Position CITY STATE ZIP CODE

Telephone number 260-461-6289

Full Name of Designated Agent KATHLEEN E. FERRELL

Mailing Address 1922 FLORIDA DRIVE

FORT MAYNE IN 46805

Title or Position CITY STATE ZIP CODE

ASSISTANT TREASURER Telephone number 260-422-1560

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.

NATIONAL CITY BANK

Mailing Address

120 N. BERRY STREET

FORT WANE IN 46802

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

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