

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

RECEIVED  
FEDERAL CENTER  
FEB 26 11 09 09

Office Use Only

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

YESTERDAY'S GONE INC

ADDRESS (number and street)

P.O. BOX 5552

(Check if address  
is changed)

CHARLOTTE

NC

28299

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

bethsibley@verizon.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.yesterdaysgone.org

COMMITTEE'S FAX NUMBER

N/A

2. DATE

02 19 2007

3. FEC IDENTIFICATION NUMBER ▶

CDD429480

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

Elizabeth Sibley

Signature of Treasurer

Elizabeth Sibley

Date

02 19 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.

Office  
Use  
Only

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

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 \_\_\_\_\_

Candidate Party Affiliation	Office Sought:	House	Senate	President	State District
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- (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

2703939334

Write or Type Committee Name

Yesterday's Gone, Inc.

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 Elizabeth Sibley

Mailing Address Po Box 5552

Charlotte NC 28299

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 704-692-8350

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 Elizabeth Sibley

Mailing Address Po Box 5552

Charlotte NC 28299

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 704-692-8350

Full Name of Designated Agent NONE

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

27030339



**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
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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

<i>ER</i> PREPARER	<i>2/26/07</i> DATE PREPARED
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