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FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

Office Use Only

1. NAME OF  
COMMITTEE (in full)



(Check if name  
is changed)

Example: If typing, type  
over the lines.

12F04M5

MICHAEL M. FIORE COMMITTEES

ADDRESS (number and street)

3232 CORP. PARKWAY BLDG 241



(Check if address  
is changed)

ATLANTA GA 30337

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

mfio@micfiore.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

http://www.micfiore.com

COMMITTEE'S FAX NUMBER

404-351-8149

2. DATE

05 12 2003

3. FEC IDENTIFICATION NUMBER ▶

0

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

Samuel Beaman Kellett Jr

Signature of Treasurer

*Samuel Beaman Kellett Jr*

Date

05 12 2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §497g.  
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9688  
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 J. O. HINDS, JR., M.E.C.A. - M.A.

Candidate Party Affiliation REP Office Sought:  House  Senate  President State GA District 06

- (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

Write or Type Committee Name

MEMORIAL 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 TREASURER

Mailing Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Title or Position CITY STATE ZIP CODE

Telephone number 678-296-8304

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 S. A. M. H. E. L. Y. D. I. S. T. R. I. C. T. I. O. N. A. L. F. O. U. N. D. A. T. I. O. N.

Mailing Address 2515 S. E. 10th St. #1010 Del Rio, TX  
\_\_\_\_\_  
ATLANTA, GA 30305

Title or Position CITY STATE ZIP CODE

Telephone number 478-226-1384

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 (except funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

SININTIRIUSI WIAIKI

Mailing Address

2302 WILKINSON ST. PUEBLO, CO. 81001

ARTICINTEA CO. 81001

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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