

2009 SEP 21 AM 10:47

FEC  
FORM 1STATEMENT OF  
ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)  (Check if name is changed) Example: If typing, type over the lines. **12FE4M5****FRIENDS OF ANNE FISCHER**ADDRESS (number and street) **217 HOGAN STREET** (Check if address is changed) **MORGANTOWN** **WV 26655-1**

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

 (Check if address is changed) **will@annefischerforcongress.com**

COMMITTEE'S WEB PAGE ADDRESS (URL)

 (Check if address is changed) **ANNEFISCHERFORCONGRESS.COM**2. DATE **09/14/2009**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 **Pamilla Yount**Signature of Treasurer **Pamilla S. Yount**Date **09/14/2009**

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  
OnlyFor further information contact:  
Federal Election Commission:  
Toll Free 800-424-9530  
Local 202-694-1100FEC FORM 1  
(Revised 02/2009)



**Write or Type Committee Name**

# Friends of Anne Fischer

**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

**Relationship:**  **Connected Organization**  **Affiliated Committee**  **Joint Fundraising Representative**  **Leadership PAC Sponsor**

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 ANNE FISCHER  
Mailing Address 217 HOGAN STREET  
MORGANTON NC 28605

Title or Position **CANDIDATE** CITY **STATE** **ZIP CODE** Telephone number **328-390-8058**

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	PAMILLA GRIFFIN YOUNT		
Mailing Address	PO BOX 2752		
Title or Position	HICKORY	NC	28603-1
	CITY	STATE	ZIP CODE

Title or Position FINANCE DIRECTOR Telephone number 828-962-4336

Full Name of  
Designated  
Agent

JAMES W BIGGER

Mailing Address

217 HOGAN STREET

MORGANTOWN

CITY

NC

28655-1

Title or Position

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.

SUNTRUST

Mailing Address

300 NORTH GREEN STREET

MORGANTOWN

CITY

NC

28655-1

Name of Bank, Depository, etc.

Mailing Address

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.

	Date of Receipt
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<input type="checkbox"/> No Postmark	
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<i>Jm/10</i>	<i>9/21/09</i>
PREPARER (3/2005)	DATE PREPARED

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