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2002 JAN 22 P 1:10

January 17, 2002

Federal Election Commission
999 E Street, N.W.
Washington, DC 20463

Re: Jim Humphreys for Congress

To Whom It May Concern:

Enclosed is a copy of the Statement of Organization FEC Form 1 that was signed and mailed on January 17, 2002.

If you have any questions about this report please call me at 304-342-6970. Thanks.

Sincerely,



Michael S. Haid
Treasurer

FEC
FORM 1

STATEMENT OF
ORGANIZATION

(See instructions)

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Office Use Only

1. NAME OF
COMMITTEE (In full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

JIM HUMPHREYS FOR CONGRESS

ADDRESS (number and street)

300 CAPITOL STREET, SUITE 1310

✓ (Check if address
is changed)

CHARLESTON

WV

25301

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

01 17 2002

3. FEC IDENTIFICATION NUMBER ▶

C00344515

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

Michael S. Haid

Signature of Treasurer

Michael S. Haid

Date

01 17 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 202-884-1100

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 JAMES F. HUMPHREYS

Candidate Party Affiliation DEM Office Sought House Senate President State WV District 2

- (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

_____ 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

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 MICHAEL S NAID

Mailing Address 300 CAPITAL STREET
SUITE 1310
CHARLESTON WV 25301

Title or Position TREASURER CITY CHARLESTON STATE WV ZIP CODE 25301

Telephone number 304-342-6770

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 MICHAEL S NAID

Mailing Address 300 CAPITAL STREET
SUITE 1310
CHARLESTON WV 25301

Title or Position TREASURER CITY CHARLESTON STATE WV ZIP CODE 25301

Telephone number 304-342-6770

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.

BRANCH BANKING AND TRUST

Mailing Address

PO BOX 817

WILSON

NC

27894

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 1/17/02
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<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
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<input type="checkbox"/> Electronic Filing	
 PREPARER	1/22/02 DATE PREPARED