FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
FEC MAIL
OPERATIONS CENTER

2006 APR -4 A 7:43

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed)

Example: If typing, type over the lines. 12FE4M5

GLEN FOR CONGRESS

ADDRESS (number and street) ▼

P.O. BOX 5838

☐ (Check if address is changed)

CITY ▲	STATE ▲	ZIP CODE ▲
WINSTON-SALEM	NC	27113-5838

COMMITTEE'S E-MAIL ADDRESS

GLENFORCONGRESS@GLENFORCONGRESS.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

336-721-2103

2. DATE 03 / 13 / 2006

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 LAWRENCE WHITE SNIVELY

Signature of Treasurer [signature] Date 03 / 15 / 2006

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

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(Revised 02/2003)

FE3AN042

5. TYPE OF COMMITTEE (Check One)

(a) [X] 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: MARK DULANEY GLEN

Candidate Party Affiliation: DEM

Office Sought: [X] House [ ] Senate [ ] President

State: NC

District: 05

(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

FE3AN042

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: TREASURER

Mailing Address:

CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position▼: CUSTODIAN OF RECORDS

Telephone number: 336-721-2101 WORK

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: LAWRENCE WHITE SNIVELY

Mailing Address: 1510 OVERBROOK AVE.

WINSTON-SALEM NC 27104-4317

CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position▼: TREASURER

Telephone number: 336-721-2101 WORK

Full Name of Designated Agent: DULANEY GLEN

Mailing Address: 4691 VIENNA-DOZIER ROAD

PFAFFTOWN NC 27040-9671

CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position▼: ASSISTANT TREASURER

Telephone number: 836-924-0400

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 COMPANY

Mailing Address 1100 S. STRATFORD ROAD

WINSTON-SALEM | NC | 27103-2710

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

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

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PREPARER	4/4/06 DATE PREPARED

(3/2005)

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