

2002 FEB 19 P 3:16

FEC
FORM 1

STATEMENT OF
ORGANIZATION

(See instructions)

Office Use Only

1. NAME OF COMMITTEE (In full) (Check if name is changed) Example: If typing, type over the lines. 12PB4M5

CAROLYN GRANT FOR CONGRESS

POST OFFICE BOX 30722

ADDRESS (number and street)

4000 BLUE RIDGE ROAD

(Check if address is changed)

RALEIGH

NC

27622-1022

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 01 24 2002

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

Tamara Barringer

Signature of Treasurer



Date 01 24 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 202-894-1100

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 CAROLYN GRANT

Candidate Party Affiliation Rep Office Sought: House Senate President State NC District 13

- (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

Write or Type Committee Name

CAROLYN GRANT 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 CYNTHIA A. BARKHAR
 Mailing Address POST OFFICE BOX 30722
RALEIGH NC 27622-0722
 Title or Position CITY STATE ZIP CODE

Administrative Asst. Telephone number 919-782-5552

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 Tamara Barringer
 Mailing Address Post Office Box 5566
Carry NC 27511
 Title or Position CITY STATE ZIP CODE

Attorney Telephone number 919-467-6700

Full Name of Designated Agent CYNTHIA A. BARKHAR
 Mailing Address POST OFFICE BOX 30722
RALEIGH NC 27612-0722
 Title or Position CITY STATE ZIP CODE

Administrative Asst. Telephone number 919-782-5552

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.

FIRST UNION

Mailing Address

4401 GLENWOOD AVENUE

RALEIGH NC 27612

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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