

FEDERAL
ELECTION
OPERATIONS CENTER

2004 FEB 23 A 11: 15

Office Use Only

FEC
FORM 1

STATEMENT OF
ORGANIZATION

1 NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FB4445

SANDY LYONS FOR CONGRESS

ADDRESS (number and street)

PO Box 908

(Check if address
is changed)

HICKORY

NC

27601

CITY A

STATE A

ZIP CODE A

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

828-327-0369

2. DATE

01 07 2004

3. FEC IDENTIFICATION NUMBER

C00394833

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

MELISSA B. JORDAN

Signature of Treasurer

Melissa B Jordan

Date

02 16 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5317g.

ANY CHANGE IN INFORMATION SHOULD BE RECORDED WITHIN 10 DAYS.

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For further information contact:
Federal Election Commission
1st Floor 1100-434-9530
Local 202-094-1100

FEC FORM 1
(Revised 02/03)

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 SANDY LYONS

Candidate Party Affiliation REP Office Sought House Senate President State NC District 10

- (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
- Membership Organization
- Corporation with Capital Stock
- Trade Association
- Labor Organization
- Cooperative

PEC Form 1 (Revised 02/2005)

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 MELISSA B JORDAN

Mailing Address 3776 PINECREST DR NE
HICKORY NC 28601

Title or Position TREASURER CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 828-256-1556

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 MELISSA B JORDAN

Mailing Address 3776 PINECREST DR NE
HICKORY NC 28601

Title or Position TREASURER CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 828-256-1556

Full Name of Designated Agent

Mailing Address

Title or Position

Telephone number

g. 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.

BANK OF GRANITE

Mailing Address

25 3RD ST NW

HICKORY

NC

28601

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

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<i>ja</i> PREPARER	2/23/04 DATE PREPARED

(2/2004)