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2001 JAN -8 P 2:55



Congressman Van Hilleary

January 8, 2001

Mr. Jonathan Horton
Reports Analyst
Federal Election Commission
999 E Street, NW
Washington, DC 20463

Dear Mr. Horton:

RE: Friends of Van Hilleary
Form 1

The completed Form 1 which accompanies this correspondence acknowledges the formation of a campaign committee. The name of the committee is "Friends of Van Hilleary". It will be the principal campaign committee for Congressman Hilleary's campaign for re-election in 2002 election cycle.

The Committee has designated the following individuals as Assistant Treasurers:

Mr. Richard Trail
P O Box 492
Crossville, TN 38557

Ms. Mary Ann Crowe
P O Box 492
Crossville, TN 38557

L. Stuart Dungan
P O Box 158085
Nashville, TN 37215

If there are any additional questions regarding the formation of this Committee please contact our office in Crossville, TN. The phone number is (931) 456-4980.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert E. Nichols".

Robert E. Nichols
Treasurer

REN/sd

Enclosure

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL <i>FRIENDS OF VAN HILLEARY</i>	<input type="checkbox"/> (Check if name is changed)	2. DATE <i>1-5-2001</i>
(b) Number and Street Address <i>P.O. Box 492</i>	<input type="checkbox"/> (Check if address is changed)	3. FEC Identification Number
(c) City, State and ZIP Code <i>Crossville, TN 38557</i>		4. Is This Report An Amendment? <input type="checkbox"/> YES <input type="checkbox"/> NO

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
<i>VAN HILLEARY</i> | Candidate Party Affiliation
<i>Republican</i> | Office Sought
<i>CONGRESS</i> | State/District
<i>TN/4th</i> |
|--|--|----------------------------------|---------------------------------|
- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)
- (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)
- (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 a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
<i>VAN HILLEARY FOR CONGRESS</i>	<i>P.O. Box 492 Crossville, TN 38557</i>	<i>AFFILIATED</i>

Type of Connected Organization

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

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	Mailing Address	Title or Position
<i>MARY ANN CROWE</i>	<i>P.O. Box 492 Crossville, TN 38557</i>	<i>Asst. TREASURER</i>

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	Mailing Address	Title or Position
<i>ROBERT E. NICHOLS</i>	<i>P.O. Box 492 Crossville, TN 38557</i>	<i>TREASURER</i>

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.	Mailing Address and ZIP Code
<i>AM SOUTH BANK</i>	<i>Crossville, TN 38557</i>

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 <i>ROBERT E. NICHOLS</i>	SIGNATURE OF TREASURER <i>Robert E. Nichols</i>	DATE <i>1-5-01</i>
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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.

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 checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>1-8-01</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
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<input type="checkbox"/> No Postmark	
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<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>SL</i> PREPARER	<i>1-8-01</i> DATE PREPARED