

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

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FEC MAIL ROOM

2000 OCT 17 A 10:06

F. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) <i>April Bishop Campaign for Congress</i>	2. DATE <i>10/16/00</i>
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) <i>15 Jersey Rd., Greenville, SC 29609</i>	3. FEC Identification Number <i>445-66-6119</i> <span style="float: right;">ES#</span>
(c) City, State and ZIP Code <i>Greenville, S.C. 29609</i>	4. Is This Report An Amendment? <input type="checkbox"/> YES <input checked="" 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<br><i>April Bishop</i> | Candidate Party Affiliation<br><i>Libertarian</i> | Office Sought<br><i>US House of Rep.</i> | State/District<br><i>SC Dist. 4</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

Type of Connected Organization  
 Corporation  Corporation w/o 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 <i>April Jones Bishop</i>	Mailing Address <i>15 Jersey Rd., Greenville, SC 29609</i>	Title or Position <i>Candidate</i>
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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 <i>April Jones Bishop</i>	Mailing Address <i>(same)</i>	Title or Position
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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. <i>First United National Bank Solomon, Smith, &amp; Barney</i>	Mailing Address and ZIP Code
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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>April Jones Bishop</i>	SIGNATURE OF TREASURER <i>April Bishop</i>	DATE <i>10/16/00</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. 8437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:  
 Federal Election Commission  
 Toll-free 800-424-9530  
 Local 202-694-1100

FESAN114

**FEC FORM 1**  
(revised 4/87)

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>10-17-02</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<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>JmW</i> PREPARER	<i>10-17-02</i> DATE PREPARED