

# 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

12FE4M5

Huffman for Congress

ADDRESS (number and street)

P.O. Box 442

(Check if address is changed)

Newton

NC

28658

0442

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

david@dkbcpa.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

8283241378

2. DATE

07 / 13 / 2007

3. FEC IDENTIFICATION NUMBER

C C00398776

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

David Blanton

Signature of Treasurer

Electronically Filed by David Blanton

Date

07 / 13 / 2007

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

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

FEC FORM 1 (Revised 02/2003)

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 | **L. David Huffman** |

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

| **None** |  
| |

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

**Huffman 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 **David Blanton**

Mailing Address **P.O. Box 2061**

**Hickory** **NC** **28603**

Title or Position **Treasurer** CITY STATE ZIP CODE

Telephone number **828** - **324** - **1830**

- 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 **David Blanton**

Mailing Address **P.O. Box 2061**

**Hickory** **NC** **28603**

Title or Position **Treasurer** CITY STATE ZIP CODE

Telephone number **828** - **324** - **1830**

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

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.

Peoples Bank

Mailing Address

PO Box 467

Newton

NC

28658

CITY ▲

STATE ▲

ZIP CODE ▲