

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

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COMMISSION MAIL ROOM  
999 DEC 21 A 10:48

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) <span style="font-size: 1.2em;">Gullick For Congress Committee</span>	2. DATE <span style="font-size: 1.2em;">12/17/99</span>
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) <span style="font-size: 1.2em;"><del>2648</del> P.O. Box 2648</span>	3. FEC Identification Number 
(c) City, State and ZIP Code <span style="font-size: 1.2em;">Rock Hill, SC 29732</span>	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><span style="font-size: 1.2em;">Carl L. Gullick</span> | Candidate Party Affiliation<br><span style="font-size: 1.2em;">Republican</span> | Office Sought<br><span style="font-size: 1.2em;">House of Representatives</span> | State/District<br><span style="font-size: 1.2em;">Hous. SC-5</span> |
|---|--|--|---|
- (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 <span style="font-size: 1.2em;">Tony Nolan</span>	Mailing Address <span style="font-size: 1.2em;">P.O. Box 2648 Rock Hill, SC 29732</span>	Title or Position <span style="font-size: 1.2em;">Campaign Manager</span>
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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 <span style="font-size: 1.2em;">Harvey C. Heiser, CPA</span>	Mailing Address <span style="font-size: 1.2em;">127 E. Main St. Rock Hill, SC 29730</span>	Title or Position <span style="font-size: 1.2em;">Treasurer</span>
<span style="font-size: 1.2em;">Tony Nolan</span>	<span style="font-size: 1.2em;">P.O. Box 2648 Rock Hill, SC 29732</span>	<span style="font-size: 1.2em;">Asst. Treasurer</span>

**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. <span style="font-size: 1.2em;">Rock Hill Bank + Trust</span>	Mailing Address and ZIP Code <span style="font-size: 1.2em;">P.O. Box 12037 Rock Hill, SC 29731</span>
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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 (Asst. Treas.) <span style="font-size: 1.2em;">Tony Nolan</span>	SIGNATURE OF TREASURER <span style="font-size: 1.2em;">Tony Nolan</span>	DATE <span style="font-size: 1.2em;">12/17/99</span>
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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. 5439g. 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 type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 12-17-99
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<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>JMJ</i> PREPARER	12-21-99 DATE PREPARED