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FEC
FORM 1

STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5
HIRAM LEWIS FOR U.S. SENATE

ADDRESS (number and street) (Check if address is changed)
416 HOLLAND AVE
MORGANTOWN WV 26501
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
hramlewis4@hotmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)
hramlewis.com

COMMITTEE'S FAX NUMBER
413-714-3703

2. DATE 03 18 2005

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT NEW (N) OR AMENDED (A) f

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 Matthew R. Miller

Signature of Treasurer *Matthew R. Miller* Date 03 22 2005

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §407g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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 HIRAM CARSON LENO, Sr., IV

Candidate Party Affiliation REP Office Sought: House Senate President State WV District

- (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 w/o Capital Stock
- Trade Association
- Labor Organization
- Cooperative

Write or Type Committee Name

HIRAM LEWIS FOR U.S. SENATE

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 HIRAM CARSON LEWIS, IV

Mailing Address 416 HOLLAND AVE

MORGANTOWN WV 26501

Title or Position CITY STATE ZIP CODE

CANDIDATE Telephone number 304-294-9380

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 MATTHEW RYAN MILLER

Mailing Address 416 HOLLAND AVE

MORGANTOWN WV 26501

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 304-685-4460

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

B. 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.

UNITED BANK

Mailing Address

WESTOVER WV 26501

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

25020111840
25020111840

Hiram Lewis for US Senate
418 Holland Avenue
Morgantown, WV 26501

*LN
3/28/05*

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Secretary of the Senate
Office of Public Records
P.O. Box 5109
Alexandria, VA 22301-9109

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