

FEC
FORM 1

STATEMENT OF
ORGANIZATION

(See instructions)

SECRETARY OF THE SENATE

02 MAR -8 PH12:34

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

HIRAM!, PAC

ADDRESS (number and street)

PO BOX 2519

(Check if address
is changed)

WESTOVER

WV 26502 2519

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

hiramlewis4@hotmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

http://www.hiramlewis.com

2. DATE 10 22 2001

3. FEC IDENTIFICATION NUMBER ▶

C

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

HIRAM C. LEWIS, IV

Signature of Treasurer

Hiram!

Date 10 22 2001

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.

Office
Use
Only

For further information, contact:
Federal Election Commission
Toll Free 800-424-9500
Local 202-694-1100

FEC FORM 1
(Revised 1/01)

FEDERAL ELECTION COMMISSION

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 LEWIS, 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 Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative

Write or Type Committee Name

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 PO BOX 2519

WESTOVER WV 26502-2519

Title or Position CITY STATE ZIP CODE

Telephone number 304-296-9380

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 HIRAM CARSON LEWIS, IV

Mailing Address PO BOX 2519

WESTOVER WV 26502-2519

Title or Position CITY STATE ZIP CODE

Telephone number 304-296-9380

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.

UNITED NATIONAL BANK

Mailing Address

176 HOLLAND AVE

WESTOVER

WV 26502

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

- HAND DELIVERED** _____
Date of Receipt
- FAX (48-HOUR NOTICES)** _____
Date of Receipt
- INSIDE MAIL** _____
Date of Receipt
- RECEIVED FROM THE LEGISLATIVE RESOURCE CENTER** _____
Date of Receipt
- RECEIVED FROM THE FEDERAL ELECTION COMMISSION** _____
Date of Receipt
- FIRST CLASS MAIL** _____
Postmarked
- REGISTERED/CERTIFIED MAIL** _____
Postmarked
- NO POSTMARK** **POSTMARK ILLEGIBLE**
- OTHER (Specify):** _____
- AIRBORNE EXPRESS**
- EXPRESS MAIL**
- FEDERAL EXPRESS**
- UPS**

Postmark and/or Date of Receipt

RD _____

Preparer

3/08/02 _____

Date Prepared