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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.

12FB4M5

Tabor for Congress, Inc.

ADDRESS (number and street)

P.O. Box 110512

(Check if address is changed)

Kernersville

NC

27285

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

tabortforcongress@comcast.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

http://www.tabortforcongress.com

2. DATE

02 24 2003

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

Ferri Shelton Brackens

Signature of Treasurer

Date

02 24 2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §1379.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact:
Federal Election Commission
Tel: Free (800) 424-9630
Local: 202-694-1100

FEC FORM 1
(Revised 1/01)

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 Nathan Tabor

| | | | | | | | |
|-----------------------------|--------------|---------------|---|---------------------------------|------------------------------------|----------------|-------------|
| Candidate Party Affiliation | <u>R E P</u> | Office Sought | <input checked="" type="checkbox"/> House | <input type="checkbox"/> Senate | <input type="checkbox"/> President | State District | <u>NC 5</u> |
|-----------------------------|--------------|---------------|---|---------------------------------|------------------------------------|----------------|-------------|

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (c) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

- (d) This committee is a separate segregated fund.

- (e) 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

FEC Form 1 (Revised 1/01)

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Write or Type Committee Name

Taber for Congress, Inc.

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 Terri Shelton Brackens

Mailing Address P O Box 1052

[Empty address line]

Kernersville NC 27289

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number 336-202-1523

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 Terri Shelton Brackens

Mailing Address P O Box 1052

[Empty address line]

Kernersville NC 27289

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number 336-202-1523

Full Name of Designated Agent

Mailing Address

[Empty address line]

[Empty address line]

Title or Position

CITY

STATE

ZIP CODE

[Empty name field]

Telephone number [Empty phone field]

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.

Fidelity Union Bank

Mailing Address

7936 Vance Road

Kearneysville NC 28124

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

- 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>2-27-03</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>Amio</i> PREPARER | | <i>2-27-03</i> DATE PREPARED |