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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.

12FE4MS

H.B. LONG FOR CONGRESS

ADDRESS (number and street)

135 E. TALLULAH DRIVE

(Check if address
is changed)

GREENVILLE SC 29615

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

R.DAVIS@ELLIOTTDAVIS.COM

W.D.H@NRS.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.HBRLONGFORCONGRESS.COM

COMMITTEE'S FAX NUMBER

864-259-2283

2. DATE

04 01 2003

3. FEC IDENTIFICATION NUMBER ▶

C

4. IS THIS STATEMENT

NEW (N)

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

Richard Davis

Signature of Treasurer

Date

04 01 2003

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				
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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 WILLIAM D. HERVON

Candidate Party Affiliation REP Office Sought House Senate President State B C
 District 0 4

- (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 with 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 RICHARD DAVIS, TREASURER

Mailing Address [Redacted]

Title or Position CITY STATE ZIP CODE

Telephone number [Redacted]

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 RICHARD DAVIS

Mailing Address ELLIOTT DAVIS, 200 E. BROAD STREET, P.O. BOX 6286, GREENVILLE, SC 29605-6286

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number (864) 242-2657

Full Name of Designated Agent MEGAN HICKERSON

Mailing Address 19 ORCHARD MEADOW LANE, GREENVILLE, SC 29607

Title or Position CITY STATE ZIP CODE

ASSISTANT TREASURER Telephone number (864) 288-8363

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.

CAROLINA TRUST BANK

Mailing Address 11012 SOUTH MAIN

P.O. BOX 1029

GREENVILLE SC 29601

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.

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