

2002 MAR -5 P 2:03

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

Britt for Congress

ADDRESS (number and street)

P O Box 9178

(Check if address  
is changed)

Greensboro

N C

27429

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

jackdzim@bellsouth.net

cbritt@riad.rr

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

M M D D Y Y  
0 2 20 2002

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 Mary Lou Zimmerman

Signature of Treasurer

*Mary Lou Zimmerman*

Date

02 20 2002

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 800-424-9630  
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: Charles Robin Britt, Sr.

Candidate Party Affiliation: Dem Office Sought:  House  Senate  President State: NC District: 1, 3

- (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 Treasurer

Mailing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Title or Position  CITY  STATE  ZIP CODE

\_\_\_\_\_ Telephone number \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

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 Mary Lou Zimmerman

Mailing Address 2304 Wilcox Drive

\_\_\_\_\_

Greensboro NC 27405-\_\_\_\_\_

Title or Position  CITY  STATE  ZIP CODE

Treasurer Telephone number 336-375-1208

Full Name of Designated Agent Bonnie McNeill

Mailing Address 1907 Selkirk Drive

\_\_\_\_\_

Greensboro NC 27410-\_\_\_\_\_

Title or Position  CITY  STATE  ZIP CODE

Assistant Treasurer Telephone number 336-282-1396

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.

SterlingSouth Bank, & Trust, Co.

Mailing Address

P.O. Box 4246

1110 Dover Road

Greensboro N.C. 27404

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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