

RECEIVED
FEDERAL
REGISTRATION CENTER

2003 NOV 24 A 9 11

Office Use Only

FEC
FORM 1

STATEMENT OF
ORGANIZATION

1 NAME OF COMMITTEE (or full) (Check if name is changed) Example: If typing, type over the lines. 12FB4ME

HARRELL for U.S. Congress

ADDRESS (number and street) 1835 Claremont Center

(Check if address is changed)

ELKIN NC 28621

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

drjimharrell@earthlink.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

(336) (835) (1241)

2. DATE 11 13 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 Alice H. Wilson

Signature of Treasurer Alice H. Wilson

Date 11 16 2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5427g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only					For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202 694-1100	FEC FORM 1 (Revised 02/03)
-----------------	--	--	--	--	-----------------------------------------------------------------------------------------------------------------	-------------------------------

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 JAMES ANDREW HARRELL, JR.

Candidate Party Affiliation DEM Office Sought: House Senate President State NC District 05

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

Name of Candidate _____

- (e) 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

FEC Form 1 (Revised 02/2003)

Write or Type Committee Name

HARRELL FOR U.S. CONGRESS

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: BARBARA HUDSON HARRELL
 Mailing Address: 480 HAWTHORNE RD.
 ELKIN NC 28621
 Title or Position: ASSISTANT TREASURER
 Telephone number: 336-835-4636

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: ALICE H. WILSON
 Mailing Address: 213 MONTLIEU AVE.
 HIGH POINT
 HIGH POINT NC 27262
 Title or Position: TREASURER
 Telephone number: 336-883-7332

Full Name of Designated Agent: BARBARA HUDSON HARRELL
 Mailing Address: 480 HAWTHORNE RD.
 ELKIN NC 28621
 Title or Position: ASSISTANT TREASURER
 Telephone number: 336-835-4636

FEC Form 1 (Revised 02/2003)

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.

WACHOVIA BANK N.A.

Mailing Address

102 MAIN ST.

ELKIN

NC

28621

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

ELK

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 type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED <i>11-17-03</i>
<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>Am U</i> PREPARER	<i>11-24-03</i> DATE PREPARED