

FEC FORM 1

STATEMENT OF ORGANIZATION

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FEC MAIL CENTER

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

Carlile for Congress

ADDRESS (number and street)

562 S HWY 123 Bypass #110

(Check if address is changed)

Seguin

TX

78155

9752

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

~~XXXXXXXXXXXX@XXXXXX.COM~~ dacarlile78130@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.carlileforcongress.com

2. DATE

12<sup>th</sup> ' 13<sup>th</sup> ' 2013

3. FEC IDENTIFICATION NUMBER

C to be assigned

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

Howard L. Jenkins

Signature of Treasurer

*Howard L. Jenkins*

Date

12<sup>th</sup> ' 17<sup>th</sup> ' 2013

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 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 02/2009)

13031144207

5. TYPE OF COMMITTEE

Candidate Committee:

- (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 Doug Carlile

Candidate Party Affiliation REP Office Sought:  House  Senate  President State TX District 15

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

Name of Candidate \_\_\_\_\_

Party Committee:

- (d) This committee is a \_\_\_\_\_ (National, State or subordinate) committee of the \_\_\_\_\_ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

Corporation: \_\_\_\_\_ Corporation w/o Capital Stock: \_\_\_\_\_ Labor Organization: \_\_\_\_\_  
 Membership Organization: \_\_\_\_\_ Trade Association: \_\_\_\_\_ Cooperative: \_\_\_\_\_

In addition, this committee is a Lobbyist/Registrant PAC.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. \_\_\_\_\_ FEC ID number C
2. \_\_\_\_\_ FEC ID number C
3. \_\_\_\_\_ FEC ID number C
4. \_\_\_\_\_ FEC ID number C

13031144208

Write or Type Committee Name

Carlile for Congress

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[Empty grid line]

[Empty grid line]

Mailing Address

[Empty grid line]

[Empty grid line]

[Empty grid line]

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

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

Sara D Carlile

Mailing Address

2624 Hunt St

[Empty grid line]

New Braunfels

TX

78130

2962

Title or Position

CITY

STATE

ZIP CODE

Assistant Treasurer

Telephone number

830

627

2359

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

Howard L Jenkins

Mailing Address

540 Hunters Trophy

[Empty grid line]

New Braunfels

TX

78132

4777

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

830

708

6012

13031144209

Full Name of Designated Agent

Sara D Carlile

Mailing Address

2624 Hunt St

New Braunfels

CITY

TX

STATE

78130

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

830

627

2359

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.

Wells Fargo

Mailing Address

101 E Nolte

Seguin

CITY

TX

STATE

78155

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

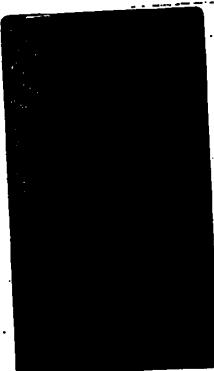
CITY

STATE

ZIP CODE

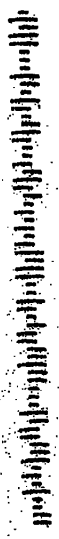
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Carlisle for Congress  
562 S. Hwy 123 Bypass #110  
Sequin, TX 78155-9752



Federal Election Commission  
999 E Street NW  
Washington, DC 20463

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 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

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Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date  
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

*Am* *12/26/13*

PREPARER DATE PREPARED

(8/2013)

13031144212