

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

12FE4M5

REFORM PARTY OF THE UNITED STATES OF AMERICA

ADDRESS (number and street)

3961 MERRELL RD

(Check if address is changed)

PMB #456

DALLAS

TX

75229

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

tx-bev@sbcglobal.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

http://www.reformparty.org

COMMITTEE'S FAX NUMBER

2143576556

2. DATE

MM / DD / YYYY
06 / 07 / 2005

3. FEC IDENTIFICATION NUMBER

C C00331314

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

Beverly Kennedy

Signature of Treasurer

Electronically Filed by Beverly Kennedy

Date

MM / DD / YYYY
07 / 27 / 2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

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 02/2003)

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 _____

Candidate Party Affiliation Office Sought: House Senate President State
 District

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

Name of Candidate _____

- (d) This committee is a **NAT** (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 **3961 MERRELL RD**
 PMB #456
 DALLAS **TX** **75229** - _____
 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship **NAT** _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

REFORM PARTY OF THE UNITED STATES OF AMERICA

- 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 **Beverly Kennedy**

Mailing Address **3961 Merrell Rd**

Dallas TX 75229

Title or Position ▼ **Treasurer** CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number **214 357 4640**

- 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 **Beverly Kennedy**

Mailing Address **3961 Merrell Rd**

Dallas TX 75229

Title or Position ▼ **Treasurer** CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number **214 357 4640**

Full Name of Designated Agent **Ms Sue Harris DeBauche**

Mailing Address **3809 Dillon's Fork Rd.**

Fieldale VA 24089

Title or Position ▼ **Asst. Treasurer** CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number _____ - _____ - _____

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.

Washington Mutual Bank

Mailing Address

Park Forest

3725 Forest Ln.

Dallas

TX

75244

CITY ▲

STATE ▲

ZIP CODE ▲