

FEC FORM 1

STATEMENT OF ORGANIZATION

2004 SEP 22 A 9:33  
Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. LUBBOCK COUNTY REPUBLICAN PARTY

ADDRESS (number and street) (Check if address is changed) 4601 S Loop 389 #21 Lubbock TX 79424  
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS  
chairman@lubbockgap.org  
treasurer@lubbockgap.org

COMMITTEE'S WEB PAGE ADDRESS (URL)  
www.lubbockgap.org

COMMITTEE'S FAX NUMBER  
803-1698-5917

2. DATE 09 13 2004

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

I certify that I have reviewed the Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer John Frullo

Signature of Treasurer [Signature] Date 09 13 2004

NOTE: Submission of false, inaccurate, or incomplete information may subject the person signing this statement to the penalties of 18 U.S.C. 542(b). ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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	Presidential	State
					Other

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

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

- (d)  This committee is a Sub (National, State or subcommittee) committee of the Rep (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 N/A  
In Texas, the state party has no control over our operations or funds.

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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 Robert W Pratt  
 Mailing Address 4601 S Loop 289 #21  
Lubbock TX 79424  
 Title or Position \* CITY \* STATE \* ZIP CODE \*  
Chairman Telephone number 806-797-3197

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 John M. Furlie  
 Mailing Address 4601 S Loop 289 #21  
Lubbock TX 79424  
 Title or Position \* CITY \* STATE \* ZIP CODE \*  
Treasurer Telephone number 806-744-3382

Full Name of Designated Agent None  
 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Title or Position \* CITY \* STATE \* ZIP CODE \*  
 Telephone number \_\_\_\_\_

3. 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.

City Bank

Mailing Address

Fed Acct. here.

~~1234 City Bank Parkway~~

PO Box 5060

Lubbock

TX

79408

5060

CITY \*

STATE \*

ZIP CODE \*

Name of Bank, Depository, etc.

Lubbock National Bank

Mailing Address

No Fed. acct.

PO Box 6100

Lubbock

TX

79493

CITY \*

STATE \*

ZIP CODE \*

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
 FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input checked="" type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*Sts*  
 PREPARER

(5/2004)

9-22-04  
 DATE PREPARED