WICHITA COUNTY REPUBLICAN PARTY POST OFFICE BOX 2012 WICHITA FALLS, TEXAS 76307-2012

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2012 SEP -7 AM 10: 22
FEC MAIL CENTER

September 5, 2012

Federal Elections Commission 999E St NW Washington, DC 20463

RE: FEC Form 1 Statement of Organization

FEC Form 3X Report of Receipts and Disbursements (August 2012 Activity)

Enclosed please find the above referenced forms.

Please add the new FEC Identification Number to Line 2 of Form 3X.

Sincerely,

Leigh Bolin Mills

Treasurer

Wichita County Republican Party

BolinOffices@msn.com

(940) 704-1128

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

2012 SEP -7 AM IO: 22

FORM 1		Olidalii	LAIIO	14		COLUSER - 1 AM IO: 5
NAME OF COMMITTEE (in	n full)	(Check if name is changed)	•	ole:If typing, type ne lines.	12FE4M5	OPECO PINIL CENTER
WICHITA	ÇQŲŅ	TY REPUBLI	CAN F	PARTY , ,		
ADDRESS (number a	and street)	POST OFFI	CE BO	X 2012		
(Check if a is changed)		WICHITA FA	ALLS		TX	76307 2012
			CITY		STATE	ZIP CODE
(Check if	address	S (Please provide only on BOLINOFFI		ess) MSN.COM	4	
is change	ia)					
COMMITTEE'S WEE		RESS (URL)	HITAG	OP,ORG		
(Check if add is changed)						
2. DATE Ö	3" ' 1 '	2012				·
3. FEC IDENTIFIC	CATION NU	MBER C	en eg er egen e gjare er såse eggerede, ≠	an en wire ma		
4. IS THIS STATE	MENT 🔀	NEW (N) OR		AMENDED (A)		
I certify that I have	examined thi	s Statement and to the b			t is true, correc	t and complete.
Type or Print Name	of Treasurer	LEIGH BOI	_IN MIL	LS		
Signature of Treasure	er J	Sug B'	Mil		Date ÖS	03° ′ 20′12 ′
NOTE: Submission of		ous, or incomplete informat				the penalties of 2 U.S.C. §437g.
Office Use Only			ļF	or further information of ederal Election Commiss of Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

	F	EC Fo	rm 1 (Revised 02/2009)	Page 2					
5.			OMMITTEE						
	Can	didate	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 Cand								
	Cand Party	lidate Affiliati	Office Sought: House Senate President	State District					
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.						
	Name Cand								
	Part	y Con	nmittee:						
	(d)	\boxtimes	CUD ' DED	(Democratic, Republican, etc.) Party.					
	Polit	Political Action Committee (PAC):							
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected organization is a:					
			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 se committee. (i.e., nonconnected committee)	gregated fund or party					
			In addition, this committee to a Lobbyist/Registrant PAC.						
			In addition, this committee is a Leadership PAG. (Identify sponsor on line 6.)						
	Joint Fundraising Representative:								
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political					
	(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.						
		Com	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						

F50 5 4 /D-1 - 1	00/0000\	Dog - 2
FEC Form 1 (Revised Write or Type Committee Nam	<u> </u>	Page 3
	NTY REPUBLICAN PARTY	
	Organization, Affiliated Committee, Joint Fundralsing Representative, or Lead	archin PAC Spancar
o. Name of Any Connected	Organization, Anniated Committee, John Fundralsing Representative, or Lead	eranip PAC Sponsor
NONEIIII		
Mailing Address		
		1
	CITY STATE	ZIP CODE
Relationship: Connecte	od Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: Ide books and records. 	ntify by name, address (phone number optional) and position of the person in	possession of committee
DON!	NA LONG	1
Full Name	2019 ARDATH	· · · · · · · · · · · · · · · · · · ·
Mailing Address		<u> </u>
	WICHITA FALLS	30,1 _{1 - 1} 6005 1
		10, - 0000
Title or Position	CITY STATE	ZIP CODE
COUNTY CHAIR	RMAN Telephone number 940 –	723, - 9510 ,
8. Treasurer: List the name are any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	name and address of
Full Name of Treasurer	H BOLIN MILLS	
Mailing Address	18 CHAMPIONS CT	
		<u> </u>
	CITY STATE	302 1558 _ ZIP CODE
Title or Position	Telephone number 940	704, _ 1128 , _

FEC Form	1 (Revised 02/2009)		Page 4			
	·					
Full Name of Designated Agent	DONNA LONG	111111				
Mailing Address	2019 ARDATH					
	WICHITA FALLS CITY	STATE	76301 - 6005J P MORGA ZIP CODE			
Title or Position	TREASURER Teleph	none number 940	07239510			
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.						
	JPMORGAN CHASE BANK, N.A.					
Mailing Address	908 8TH ST					
	[WICHITA FALLS	TX.	76301			
	CITY	STATE	ZIP CODE			
Name of Bank, D	epository, etc.					
						
Mailing Address		11111				
		111111				
		ليا لي				
	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. **Date of Receipt Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): /Ec/. EX/ **Next Business Day Delivery Date of Receipt** 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 or Postmarked Other (Specify):