

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

RECEIVED
2015 JAN 20 AM 9:11
FEC MAIL CENTER

January 1, 2015

Federal Elections Commission
999 E St NW
Washington, DC 20463

RE: AMENDED FORM 1 STATEMENT OF ORGANIZATION

Enclosed please find our amended Statement of Organization updating our county chairman, custodian of records and bank account location.

Sincerely,



Leigh Bolin Mills
Treasurer
Wichita County Republican Party
BolinOffices@msn.com
(940) 704-1128

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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FEDERAL ELECTION COMMISSION
OFFICE USE ONLY CENTER

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

WICHITA COUNTY REPUBLICAN PARTY

ADDRESS (number and street)

PO BOX 2012

(Check if address
is changed)

WICHITA FALLS

TX

76307

2012

CITY

STATE

ZIP CODE

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

(Check if address
is changed)

BolinOffices@msn.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

www.wichitagop.org

2. DATE

01 / 1 / 2015

3. FEC IDENTIFICATION NUMBER

C00528463

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

Leigh Bolin Mills

Signature of Treasurer

Leigh B. Mills

Date

01 / 01 / 2015

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)

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 _____

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 _____

Party Committee:

- (d) This committee is a SUB (National, State or subordinate) committee of the REP (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	<input type="checkbox"/> C _____
2.	_____	FEC ID number	<input type="checkbox"/> C _____
3.	_____	FEC ID number	<input type="checkbox"/> C _____
4.	_____	FEC ID number	<input type="checkbox"/> C _____

Write or Type Committee Name

WICHITA COUNTY REPUBLICAN PARTY

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

Mailing Address

_____ - _____

CITY

STATE

ZIP CODE

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

WICHITA COUNTY REPUBLICAN PARTY

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 **Dana Ray Mills**

Mailing Address **2000 Kell Blvd**

Wichita Falls TX 76301 - 5528

Title or Position

CITY

STATE

ZIP CODE

County Chairman

Telephone number **940 - 781 - 1836**

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 **Leigh Bolin Mills**

Mailing Address **2000 Kell Blvd**

Wichita Falls TX 76301 - 5528

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number **940 - 704 - 1128**

Full Name of Designated Agent

Dana Ray Mills

Mailing Address

2000 Kell Blvd

Wichita Falls

CITY

TX

STATE

76301

ZIP CODE

- 5528

Title or Position

County Chairman

Telephone number

940

- 781

- 1836

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

2301 Kell Blvd

Wichita Falls

CITY

TX

STATE

76308

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

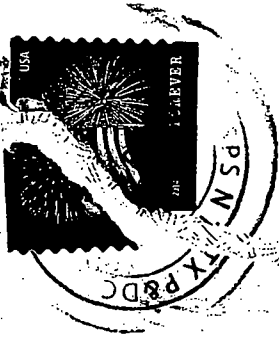
ZIP CODE

WELLS FARGO

76301-5528

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999 E St NW
Washington DC 20463



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ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

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<input checked="" type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery	<input type="checkbox"/>
<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


 PREPARER

1/20/15
 DATE PREPARED

100-411-1000