FEC FORM 1	STATEMENT OF ORGANIZATION	

Office Use Only

1. NAME OF COMMITTEE (in full)   ☐ (Check if name is changed)   Example: If typing, type over the lines.   `12FE4M5`

REPUBLICAN PARTY OF KENDALL COUNTY

ADDRESS (number and street) ▼   P.O. BOX 1413

☐ (Check if address is changed)

CITY ▲ BOERNE   STATE ▲ TX   ZIP CODE ▲ 78006-

COMMITTEE'S E-MAIL ADDRESS

ewsmom2001@yahoo.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

___-___-___

2. DATE   01 / 09 / 2007

3. FEC IDENTIFICATION NUMBER ▶   C00406322

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   Diane Peters

Signature of Treasurer   Virginia Diane Peters   Date   01 / 09 / 2007

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 02/2003)

FE3AN042

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   S.U.B   (National, State or subordinate) committee of the   R.E.P   (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**

Mailing Address

CITY ▲   STATE ▲   ZIP CODE ▲

Relationship

Type of Connected Organization:

☐   Corporation   ☐   Corporation w/o Capital Stock   ☐   Labor Organization

☐   Membership Organization   ☐   Trade Association   ☐   Cooperative

Federal Election Commission
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PREPARER _(signature)_

DATE PREPARED 1/16/07

(3/2005)