

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED  
FEC MAIL CENTER

2016 JAN 20 11 53 AM '16

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

Calvin L Hawes

ADDRESS (number and street)

292 GR 3495

(Check if address is changed)

Hankins

CITY

TX

STATE

75765

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

CalvinLHawes@gmail.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

01 20 2016

3. FEC IDENTIFICATION NUMBER

C

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

Calvin L Hawes

Signature of Treasurer

*Calvin L Hawes*

Date

01 20 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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 06/2012)

20160120 110002

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 Carlvin L Hawes

Candidate Party Affiliation DEM Office Sought:  House  Senate  President State DE  
 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  (National, State or subordinate) committee of the  (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	<u>C</u>
2.	_____	FEC ID number	<u>C</u>
3.	_____	FEC ID number	<u>C</u>
4.	_____	FEC ID number	<u>C</u>

2010-01-01 10:00:00

Write or Type Committee Name

Calvis L Hawes

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

NONE

Mailing Address

CITY

STATE

ZIP CODE

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

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

Calvis L Hawes

Mailing Address

1292 CR 3495

Hawkins

TX

75765

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

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

Calvis L Hawes

Mailing Address

1292 CR 3495

Hawkins

TX

75765

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

2011010100010004

Full Name of Designated Agent

Calvin L Hawes

Mailing Address

292 CR 3495

[Empty address line]

Hawkins

CITY

TX

STATE

75765

ZIP CODE

Title or Position

Treasurer

Telephone number

[Empty telephone number fields]

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.

Chase Bank

Mailing Address

3177 Main

[Empty address line]

Frisco

CITY

TX

STATE

75034

ZIP CODE

Name of Bank, Depository, etc.

[Empty name field]

Mailing Address

[Empty address line]

[Empty address line]

[Empty address line]

CITY

STATE

ZIP CODE

2010-01-22 09:00:00

PRESS FIRMLY TO SEAL

# PRIORITY ★ MAIL ★ EXPRESS™

OUR FASTEST SERVICE IN THE U.S.

RECEIVED  
FEDERAL MAIL CENTER  
2016 JAN 22 AM 9:53

WHEN USED INTERNATIONALLY,  
A CUSTOMS DECLARATION  
LABEL MAY BE REQUIRED.



EP13F July 2013 OD: 12.5 x 9.5



PRESS FIRMLY TO SEAL

**CUSTOMER USE ONLY**

FROM: (PLEASE PRINT)  
Calvis L Hawes  
292 CR 3495  
Hawkins, TX 75765

PHONE ( )

**PAYMENT BY ACCOUNT (If applicable)**  
USPS® Corporate Acct. No. Federal Agency Acct. No. or Postal Service™ Acct. No.

**DELIVERY OPTIONS (Customer Use Only)**

**SIGNATURE REQUIRED** Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

**Delivery Options**

No Saturday Delivery (delivered next business day)

Sunday/Holiday Delivery Required (additional fee, where available)

10:30 AM Delivery Required (additional fee, where available)

\*Refer to USPS.com® or local Post Office™ for availability.

TO: (PLEASE PRINT)  
Federal Election Commission  
999 E Street NW  
Washington, DC  
ZIP + 4® (U.S. ADDRESSES ONLY)  
20463-

PHONE ( )

■ For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.  
■ \$100.00 Insurance Included.



EL 185J1938 US



PRIORITY  
★ MAIL ★  
EXPRESS™

**ORIGIN (POSTAL SERVICE USE ONLY)**

1-Day  2-Day  Military  DPO

PO ZIP Code 75765

Scheduled Delivery Date (MM/DD/YY) 1/21/16

Scheduled Delivery Time  10:30 AM  3:00 PM  12 NOON

Postage \$ 22.95

Insurance Fee \$

COD Fee \$

Return Receipt Fee \$

Live Animal Transportation Fee \$

Total Postage & Fees \$ 22.95

Date Accepted (MM/DD/YY) 01/20/16

Time Accepted 1:05 PM

10:30 AM Delivery Fee \$

Sunday/Holiday Premium Fee \$

Acceptance Employee Initials JMC

Employee Signature

**DELIVERY (POSTAL SERVICE USE ONLY)**

Delivery Attempt (MM/DD/YY) Time  AM  PM

Employee Signature

Delivery Attempt (MM/DD/YY) Time  AM  PM

Employee Signature

LABEL 13, SEPTEMBER 2015 PSN 768902-000-8886 1-ORIGIN POST OFFICE COPY

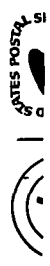
U.S. POSTAGE  
PAID  
HAWKINS, TX  
75765  
JAN 20, 16  
AMOUNT  
**\$22.95**  
R2305E125040-10



20463



1007



UNITED STATES POSTAL SERVICE

WRITE FIRMLY WITH BALL POINT PEN ON HARD SURFACE TO MAKE ALL COPIES LEGIBLE

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.

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<input type="checkbox"/> USPS Priority Mail	Postmarked
<input checked="" type="checkbox"/> USPS Priority Mail Express	Postmarked <i>1/21/2016</i>
<input 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 *MP* DATE PREPARED *1/22/2016*

NOV 04 10 00 AM '16