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FEC
FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FB4M5

Carroll G. Robinson For Congress

ADDRESS (number and street)

P.O. Box 162

(Check if address is changed)

Houston

77001

0162

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

campaign@carrollgroberson.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

carrollgroberson.com

2. DATE

11/16/2001

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

J. Goodwille Pierre

Signature of Treasurer

Date

11/16/2001

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 800-424-9630
Local 202-694-1100

FEC FORM 1
(Revised 1/01)

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 Carroll G. Robinson

Candidate Party Affiliation Dem Office Sought: House Senate President State Tx District 25

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

Name of Candidate _____

(d) This committee is a _____ (National, State or subordinate) committee of the _____ (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

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 J. Goodwille Pierre
 Mailing Address 16106 Cairngorm Ave.
Houston Tx 77095

Title or Position Treasurer CITY Houston STATE Tx ZIP CODE 77095
 Telephone number 281-861-9603

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 J. Goodwille Pierre
 Mailing Address 16106 Cairngorm Ave.
Houston Tx 77095

Title or Position Treasurer CITY Houston STATE Tx ZIP CODE 77095
 Telephone number 281-861-9603

Full Name of Designated Agent Marchris G. Robinson
 Mailing Address 10826 Peritrine Drive
Houston Tx 77065

Title or Position Asst. Treasurer CITY Houston STATE Tx ZIP CODE 77065
 Telephone number

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.

Unity National Bank

Mailing Address

2602 Blodgett

Houston Tx 77004

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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