

**Tom Hall**  
**for Congress**  
**Your independent voice!**

RECEIVED  
FEDERAL ELECTION  
COMMISSION

MAR 10 11 33 AM '88

March 4, 1988

**VIA CERTIFIED MAIL**

Federal Election Commission  
999 E Street NW  
Washington, DC 20463

RE: Amended Statement of Organization  
FEC # C00 329904

Dear Federal Election Commission:

Enclosed is a revised "Statement of Organization" for our campaign. This statement changes the official name of the campaign from the "Tom Hall Congressional Campaign Committee" to "Tom Hall For Congress."

If you need additional information, please contact the campaign at 817/831-4400.

Thank you.

Sincerely,



Chris Chwastyk  
Campaign Manager

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

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COMMISSION

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1. (a) NAME OF COMMITTEE IN FULL <input checked="" type="checkbox"/> (Check if name is changed) <b>TOM HALL FOR CONGRESS</b> <i>(Primary Tom Hall Congressional Campaign Com)</i>	2. DATE <b>3/2/98</b>
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) <b>PO BOX 7575</b>	3. FEC Identification Number <b>C00 329904</b>
(c) City, State and ZIP Code <b>FT. WORTH TX 76111</b>	4. Is This Report An Amendment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

**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 | State/District |
|                   |                             |               |                |
- (c) This committee supports/opposes only one candidate \_\_\_\_\_ and is NOT an authorized committee. (name of candidate)
- (d) This committee is a \_\_\_\_\_ committee of the \_\_\_\_\_ Party. (National, State or subordinate) (Democratic, Republican, etc.)
- (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 a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

Type of Connected Organization  
 Corporation  Corporation w/o Capital Stock  Labor Organization  Membership Organization  Trade Association  Cooperative

**7. Custodian of Records:** Identity by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name <b>OUTDA BARKER</b>	Mailing Address <b>2605 AIRPORT FREEWAY STE 103 FT WORTH TX 76111</b>	Title or Position <b>ASSISTANT ACCOUNTANT/TREASURER</b>
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**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 <b>LISA HALL</b>	Mailing Address <b>PO BOX 7575 FT WORTH TX 76111</b>	Title or Position <b>TREASURER</b>
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**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. <b>BANK OF COMMERCIAL</b>	Mailing Address and ZIP Code <b>PO BOX 17089 FT WORTH TX 76102</b>
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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 <b>LISA HALL</b>	SIGNATURE OF TREASURER 	DATE <b>3-4-98</b>
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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.

For further information contact:  
 Federal Election Commission  
 Toll-free 800-424-9530  
 Local 202-219-3420


FEC6AN053

**FEC FORM 1**  
(revised 4/87)

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 3-5-98
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 PREPARER	3-10-98 DATE PREPARED