

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

1. (a) NAME OF COMMITTEE IN FULL: <input type="checkbox"/> (Check if name is changed) Dr. Bob Dewell For Congress Committee	2. DATE 6/7/99
(b) Number and Street Address: <input type="checkbox"/> (Check if address is changed) 10501 Woodland Drive	3. FEC Identification Number
(c) City, State and ZIP Code Greenville, Texas 75402	4. Is This Report An Amendment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

JUN 10 12 31 PM '99

**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<br>Robert Franklin Dewell, MD | Candidate Party Affiliation<br>Republican | Office Sought<br>House of Rep. | State/District<br>TX 4th |
|---|---|--------------------------------|--------------------------|
- (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:** Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name Robert Franklin Dewell, MD	Mailing Address 10501 Woodland Drive, Greenville, TX 75402	Title or Position Candidate
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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 John Kee Crain	Mailing Address 701 River Oaks Dr. Greenville, Texas 75402	Title or Position
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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. Alliance Bank	Mailing Address and ZIP Code 6609 Wesley Street Greenville, Texas 75402
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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 John Kee Crain	SIGNATURE OF TREASURER 	DATE 6-8-99
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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

FEBAN121

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

