

FEC  
FORM 1

# STATEMENT OF ORGANIZATION

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FED MAIL  
OPERATIONS CENTER

2005 OCT 24 A 9:34

Office Use Only

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

TED ANKRUM CONGRESSIONAL COMMITTEE

ADDRESS (number and street)

13

(Check if address  
is changed)

CYPRESS TX 77429-7441

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

ankrum@subglobal.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

tedankrum.com

COMMITTEE'S FAX NUMBER

2. DATE

10 / 14 / 2005

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

ANN H. ANKRUM

Signature of Treasurer

Date

10 / 19 / 2005

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  
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For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2003)

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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 TIED ANKRUM

Candidate Party Affiliation  DEM Office Sought:  House  Senate  President State  TX District  10

- (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

NONE

Mailing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship \_\_\_\_\_

Type of Connected Organization:

- Corporation  Corporation w/o Capital Stock  Labor Organization
- Membership Organization  Trade Association  Cooperative

25038914070

Write or Type Committee Name

TED ANKRUM CONGRESSIONAL COMMITTEE

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 GEORGE T. ANKRUM

Mailing Address 13707 VIA SIENA CT

CYPRESS TX 77429-7441

Title or Position CITY STATE ZIP CODE

CUSTODIAN Telephone number 281-379-3098

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 ANN H ANKRUM

Mailing Address 13707 VIA SIENA CT

CYPRESS TX 77429-7441

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 281-379-3098

Full Name of Designated Agent NONE

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

25038914071

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.

WACHOVIA BANK, NA

Mailing Address

NC 8502

P.O. BOX 563966

CHARLOTTE

NC

28262-3966

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

NONE

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

25038914072

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"/> 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
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

<i>Er</i>	<i>10/29/05</i>
PREPARER	DATE PREPARED

2005102914073