

**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 12FE4M5

Phillips for US Congress Committee

ADDRESS (Number and street)

P.O. Box 877

(Check if address is changed)

Cypress

TX

77410

0877

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

tony@gmpcpa.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.phillipsforuscongress.com

COMMITTEE'S FAX NUMBER

9035813915

2. DATE M M / D D / Y Y Y Y  
02 / 03 / 2004

3. FEC IDENTIFICATION NUMBER C C00392803

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 Mr. Tony K. Morgan, Treas.

Signature of Treasurer Electronically Filed by Mr. Tony K. Morgan, Treas.

Date M M / D D / Y Y Y Y  
02 / 03 / 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-894-1100**FEC FORM 1**  
(Revised 02/2003)

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 David L. Phillips

Candidate Party Affiliation	<b>REP</b>	Office Sought:	<input checked="" type="checkbox"/> House	<input type="checkbox"/> Senate	<input type="checkbox"/> President	State	<b>TX</b>
						District	<b>10</b>

- (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

**Phillips for US Congress 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 Mr. Tony K. Morgan, Treas.

Mailing Address Gollob, Morgan, Peady & Co., P.C.  
3620 Old Bullard Rd., Suite 100  
Tyler TX 75701

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number 903 - 534 - 0088

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 Mr. Tony K. Morgan, Treas.

Mailing Address Gollob, Morgan, Peady & Co., P.C.  
3620 Old Bullard Rd., Suite 100  
Tyler TX 75701

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number 903 - 534 - 0088

Full Name of Designated Agent \_\_\_\_\_

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

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

\_\_\_\_\_ 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.

Bank of America, N.A.

Mailing Address

17930 Spring Cypress

Cypress

TX

77429

CITY Δ

STATE Δ

ZIP CODE Δ