

**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

DWIGHT FULLINGIM FOR CONGRESS COMMITTEE

ADDRESS (number and street)

PO BOX 93314

☒

(Check if address is changed)

LUBBOCK

TX

79493

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

dwight.fullingim@sbcglobal.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.Dwight08.com

COMMITTEE'S FAX NUMBER

8067830230

2. DATE

M M
0 5/ D D
2 5/ Y Y Y Y
2 0 0 8

3. FEC IDENTIFICATION NUMBER

C C00443192

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 LAUREL CASTILLO

Signature of Treasurer Electronically Filed by LAUREL CASTILLO

Date

M M
0 5/ D D
2 5/ Y Y Y Y
2 0 0 8

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 800-424-9530
Local 202-694-1100**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

Candidate
Party Affiliation

DEM

Office
Sought:☒

House

☐

Senate

☐

President

State

TX

District

19

- (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

DWIGHT FULLINGIM FOR 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 **LAUREL CASTILLO**

Mailing Address **PO BOX 93314**

LUBBOCK TX 79493

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**

TREASURER Telephone number 806 853 9450

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 **LAUREL CASTILLO**

Mailing Address **PO BOX 93314**

LUBBOCK TX 79493

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**

TREASURER Telephone number 806 853 9450

Full Name of Designated Agent

Mailing Address

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.

WELLS FARGO BANK

Mailing Address

4905 82ND ST

LUBBOCK

TX

79424

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲