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FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

Office Use Only

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Exempt (if typing, type  
over the lines)

12984MS

JOHN MARTINEZ FOR CONGRESS

ADDRESS (street and street  
number)

15206 VIA VERDE

(Check if address  
is changed)

HOUSTON

TX

77083

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

PA.AMART@TUNO.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.MARTINEZ-DISTRICT7.COM

COMMITTEE'S FAX NUMBER

(281) 879-4763

2. DATE 04 05 2004

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 LEIF C. HATLEN

Signature of Treasurer *Leif C. Hatlen*

Date 04 05 2004

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 800-424-9580  
Local 202-694-1100

FEC FORM 1  
(Revised 3/2003)

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: JOHN MARTINEZ

Candidate Party Affiliation: DEM      Office Sought:  House       Senate       President      State: TX  
 District: 07

- (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 with Capital Stock      Labor Organization
- Membership Organization      Trade Association      Cooperative

Write or Type Committee Name

John MARTINEZ for Congress

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 LEIF C HATLEN

Mailing Address 13527 NORTH TRACEWOOD BEND

HOUSTON TX 77077

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 281-493-3107

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 LEIF C HATLEN

Mailing Address 13527 NORTH TRACEWOOD BEND

HOUSTON TX 77077

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 281-493-3107

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, lends money or keeps money or maintains funds.

Name of Bank, Depository, etc.

REPUBLIC NATIONAL BANK

Mailing Address

PO BOX 690867

HOUSTON

TX

77269

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
 FOR INCOMING DOCUMENTS**

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<i>101</i>	4-15-04
<b>PREPARER</b>	<b>DATE PREPARED</b>

(2/2004)