

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See Instructions)

RECEIVED
FEC MAIL ROOM

2002 FEB 15 Office Use Only

12FE4M5

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

FILYINNI ADICIKIKI FIORI ICINGIBAEISIS

ADDRESS (number and street)

PO Box 4448

(Check if address is changed)

BRYAN TX 77815

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

FILYINNIADICIKIKI@FECMAIL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.FILYINNIADICIKIKI.COM

2. DATE

01 24 2002

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

CAROL R HOLMES

Signature of Treasurer

Carol R Holmes

Date

01 24 2002

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 1/01)

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 FLYNN, ADRIAN

Candidate Party Affiliation REP Office Sought: House Senate President State TX District 31

- (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

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 CAROL R. HOLMES

Mailing Address 2501 BIRYAN BLVD

BRYAN TX 77803

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 979-274-7553

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 CAROL R. HOLMES

Mailing Address 2501 BIRYAN BLVD

BRYAN TX 77803

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number

Full Name of Designated Agent

Mailing Address

CITY STATE ZIP CODE

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.

FIRST FEDERAL SAVINGS BANK

Mailing Address

2902 TEXAS AVE

BRVAN TX 77802

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

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