FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines. `12FE4M5`

Omar for Congress

ADDRESS (number and street) ▼

☐ (Check if address is changed)

3030 LBJ Fwy #700

Dallas TX 75234 -

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

info@omanforcongress.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.omarforcongress.com

COMMITTEE'S FAX NUMBER

214 - 722 - 2664

2. DATE 12 07 2006

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 Ameer Omar

Signature of Treasurer _____ Date 12 07 2006

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) |

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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   *Ameer Omar*

Candidate
Party Affiliation R E P   Office Sought: ☑ House   ☐ Senate   ☐ President   State *TX*   District *30*

(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

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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 *Ameer Omar*

Mailing Address *3030 LBJ Fwy #700*

Dallas   *TX*   *75234*-

Title or Position ▼   CITY ▲   STATE ▲   ZIP CODE ▲

Candidate   Telephone number *214*-*222*-*7564*

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 *Ameer Omar*

Mailing Address *3030 LBJ Fwy #700*

Dallas   *TX*   *75234*-

Title or Position ▼   CITY ▲   STATE ▲   ZIP CODE ▲

Candidate   Telephone number ___-___-___

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.

Texas State Bank

Mailing Address   6116 N Central Expwy

Dallas

CITY ▲	STATE ▲	ZIP CODE ▲
Dallas	Tx	75206-

Name of Bank, Depository, etc.

Mailing Address

CITY ▲	STATE ▲	ZIP CODE ▲

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

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☐ No Postmark	
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☐ Received from House Records & Registration Office	Date of Receipt
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☐ Other (Specify):	Date of Receipt or Postmarked

MI
PREPARER

12/9/05
DATE PREPARED

(3/2005)