

FEC  
FORM 1

# STATEMENT OF ORGANIZATION

RECEIVED  
FEC MAIL  
OPERATIONS CENTER

2006 SEP 13 A 9:33  
Office Use Only

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

LUKIN, GILLILAND, FOR U.S. CONGRESS, COMMITTEE

ADDRESS (number and street)

901, NE LOOP 410, SUITE 909

(Check if address  
is changed)

SAN ANTONIO TX 78209

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

LUKIN.GILLILAND@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.lukingilliland.com

COMMITTEE'S FAX NUMBER

210-824-1354

2. DATE 9/8/06

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

ROBERT R. PUENTE

Signature of Treasurer

Date

09-12-06

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 LUKIN, T. GILLILAND, JR.

Candidate Party Affiliation Democrat      Office Sought: House      Senate      President      State TX  
 District 23

- (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

200309140214

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 WENDEE WILLIAMS

Mailing Address 901 NE LOOP 410 SUITE 909  
SAN ANTONIO, TX 78209-1

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
ASSISTANT TO LTJ, JR. Telephone number 210-824-1052

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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 ROBERT R. FUENTE

Mailing Address 222 S. FLORES  
SAN ANTONIO, TX 78204-9000

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
TREASURER Telephone number 210-532-8899

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.

FROST NATIONAL BANK

Mailing Address

100 W. HOUSTON

SAN ANTONIO

TX

78205

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked  
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *Fed. Exp.* Shipping Date  
*9-12-06*  
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

*JMN* *9-13-06*  
 PREPARER DATE PREPARED

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