

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
FEC MAIL CENTER
2017 SEP 18 AM 7:04
Office Use Only

1. NAME OF COMMITTEE (in full)



(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

Bill "Sarge" Sargent for Congress

ADDRESS (number and street)

Post Office Box 3473



(Check if address is changed)

Galveston

CITY ▲

TX

STATE ▲

77552

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address is changed)

philliptrittel@aol.com

Optional Second E-Mail Address

Bill@sarges.com

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address is changed)

http://www.sargeforcongress.com

http://www.BillSargent4Congress.com

2. DATE

09 / 10 / 2017

3. FEC IDENTIFICATION NUMBER ▶

C FEC to Provide

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 Phillip Thomas Trittel

Signature of Treasurer

Phillip Thomas Trittel

Date

09 / 10 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.

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 06/2012)

2017-09-18 03:00:17 4173

5. TYPE OF COMMITTEE

Candidate Committee:

- (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 Bill "Sarge" Sargent for Congress

Candidate Party Affiliation Rep Office Sought: House Senate President State TX District 14

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C _____
2. _____ FEC ID number C _____
3. _____ FEC ID number C _____
4. _____ FEC ID number C _____

2017-09-18 AM 00:14:174

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Empty grid lines for organization name

Mailing Address

Empty grid lines for mailing address

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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

Phillip Thomas Trittel

Mailing Address

1122 Tiki Drive

Tiki Island

TX

77554

8121

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

832

524

8771

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

Phillip Thomas Trittel

Mailing Address

1122 Tiki Drive

Tiki Island

TX

77554

8121

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

832

524

8771

2017-06-18 AM 00:41:55

Full Name of Designated Agent

Jean, Howard Sargent

Mailing Address

Post Office, Box 3473

Galveston

CITY

TX

STATE

77552

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

409

750

1947

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.

BBVA Compass

Mailing Address

6306 Broadway

Galveston

CITY

TX

STATE

77551

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

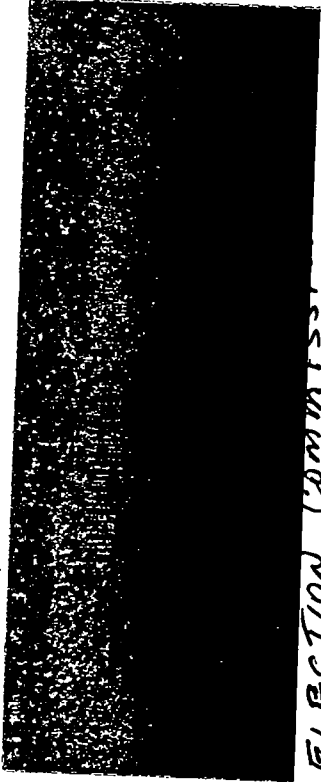
STATE

ZIP CODE

2017-09-18 03:00:44 76

NON-PROFIT ORGANIZATION

"SARGE" SARGENT FOR CONGRESS
BOX 3473
WESTON, TX. 72582



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE
CERTIFIED MAIL



016 1970 0000 1808 3764

FEDERAL ELECTION COMMISSION
999 E. STREET, N.W.
WASHINGTON, DC 20463

2017 SEP 18 AM 9: 20

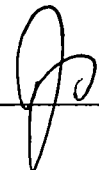
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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

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|--|---|
| <input type="checkbox"/> Hand Delivered | Date of Receipt |
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| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> No Postmark | |
| <input type="checkbox"/> Overnight Delivery Service (Specify): | Shipping Date |
| | Next Business Day Delivery <input type="checkbox"/> |
| <input type="checkbox"/> Received from House Records & Registration Office | Date of Receipt |
| <input type="checkbox"/> Received from Senate Public Records Office | Date of Receipt |
| <input type="checkbox"/> Received from Electronic Filing Office | Date of Receipt |
| <input type="checkbox"/> Other (Specify): | Date of Receipt or Postmarked |

PREPARER  DATE PREPARED 9/18/17
 (3/2015)

2017-09-18 18:00:18 AM 00174178