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FEC
FORM 1

STATEMENT OF ORGANIZATION

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12 FEB 05

IT. NAME FOR TEXAS CAMPAIGN

ADDRESS (number and street)

11607 N TERRELL

(Check if address
is changed)

CUERO TX 77954

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

thamfor.texas@y2h.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

http://thamfor.texas.com

COMMITTEE'S FAX NUMBER

341-237-6167

2. DATE 01 26 2004

3. FEC IDENTIFICATION NUMBER ▶

C

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined the Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

SANDY RAMIREZ

Signature of Treasurer

Date

01 26 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 302-694-1100

FEC FORM 1
(Revised 07/2003)

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 MICHAEL D. TARRANT

Candidate Party Affiliation REP Office Sought: House Senate President State TX District 15

- (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 subcommittee) 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

NONE

 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

CIS MYERS

Mailing Address

809 CANYON CREEK DRIVE

AUSTIN

TX

78746

Title or Position

CITY ▲

STATE ▲

ZIP CODE ▲

MANAGER

Telephone number

512-424-7638

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

DANNY BARNERIZ

Mailing Address

218 TERRELL

GUERO

TX

77954

Title or Position

CITY ▲

STATE ▲

ZIP CODE ▲

TREASURER

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.

CUERO STATE BANK

Mailing Address

218 N GONZALES

CUERO TX 77954

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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