

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED SECRETARY OF THE SENATE PUBLIC RECORDS

12 FEB 27 PM 1:32

Office Use Only

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

12FE4M5

Paul Sadler for Senate

ADDRESS (number and street) 300 West Main

(Check if address is changed)

Henderson

TX

75653

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

ps@sadlertx.com

(Check if address is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

01 / 21 / 2012

3. FEC IDENTIFICATION NUMBER

C C00508861

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 Paul L Sadler

Signature of Treasurer Paul L Sadler

Date

01 / 21 / 2012

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 02/2009)

12020174188

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 Mr. Paul L Sadler

Candidate Party Affiliation  DEM  REP  LIB  IND  OTH

Office Sought:  House  Senate  President

State  AL  AK  AZ  AR  CA  CO  CT  DE  DC  FL  GA  HI  IA  IL  IN  KS  KY  LA  MA  MD  ME  MI  MN  MO  MS  MT  NC  ND  NE  NH  NJ  NM  NV  NY  OH  OK  OR  PA  RI  SC  SD  TN  TX  UT  VT  WA  WI  WY

District  00  01  02  03  04  05  06  07  08  09  10  11  12  13  14  15  16  17  18  19  20  21  22  23  24  25

- (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  Subordinate (National, State or subordinate) committee of the  Democratic  Republican  Other (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	<input type="checkbox"/> C _____
2.	_____	FEC ID number	<input type="checkbox"/> C _____
3.	_____	FEC ID number	<input type="checkbox"/> C _____
4.	_____	FEC ID number	<input type="checkbox"/> C _____

12020174189

Write or Type Committee Name

Paul Sadler for Senate

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 Sarah H Joyner

Mailing Address 9201 Brodie Ln #4302

[Empty grid lines for address continuation]

Austin TX 78748

Title or Position

CITY

STATE

ZIP CODE

consultant

Telephone number 817 - 247 - 6768

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 Paul L Sadler

Mailing Address PO Box 2200

[Empty grid lines for address continuation]

Henderson TX 75653

Title or Position candidate

CITY

STATE

ZIP CODE

[Empty grid lines for title/position]

Telephone number 903 - 657 - 8557

12020174190

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[Grid for 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.

Wells Fargo Bank

[Grid for Wells Fargo Bank Name]

Mailing Address

[Grid for Wells Fargo Bank Mailing Address Line 1: PO Box 266000]

[Grid for Wells Fargo Bank Mailing Address Line 2]

[Grid for Wells Fargo Bank Mailing Address Line 3: Dallas TX 75326]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc. Line 1]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

12020174191

**SENATE**  
United States Senate

**FOR INSPECTION**

**SENATE**  
United States Senate

**FOR INSPECTION**

**SENATE**  
United States Senate

**Post Office URGENT** Please Rush to Addressee

Send Post Office in plain view home or office at usps.com/tracking

Print postage online - Go to usps.com/postageonline

PLEASE PRESS FIRMLY

PLEASE PRESS FIRMLY



Flat Rate Mailing Envelope  
For Domestic and International Use



UNITED STATES POSTAL SERVICE Post Office To Addressee

Addressee Copy  
Label 11-B, March 2004



E I 5 0 2 1 4 7 3 3 U S

PRESS HARD. YOU ARE MAKING 3 COPIES.

**ORIGIN (POSTAL SERVICE USE ONLY)**

PO ZIP Code	Day of Delivery	Postage
37795	Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day	\$
Date Accepted	Scheduled Date of Delivery	Return Receipt Fee
3/1/04	Month Day	\$
Mo. Day Year	Scheduled Time of Delivery	COD Fee
3/1/04	Month Day	\$
Time Accepted	AM <input type="checkbox"/> PM <input type="checkbox"/>	Insurance Fee
3:00	AM <input type="checkbox"/> PM <input type="checkbox"/>	\$
Flat Rate <input type="checkbox"/> or Weight	Military <input type="checkbox"/>	Total Postage & Fees
Flat	2nd Day <input type="checkbox"/> 3rd Day <input type="checkbox"/>	\$
lbs. ozs.	Intl Alpha Country Code	Acceptance Emp. Initials

**DELIVERY (POSTAL USE ONLY)**

Delivery Attempt	Time	Employee Signature
Mo. Day	AM <input type="checkbox"/> PM <input type="checkbox"/>	
Delivery Attempt	Time	Employee Signature
Mo. Day	AM <input type="checkbox"/> PM <input type="checkbox"/>	
Delivery Date	Time	Employee Signature
Mo. Day	AM <input type="checkbox"/> PM <input type="checkbox"/>	

**CUSTOMER USE ONLY**

**WAIVER OF SIGNATURE (Domestic Mail Only)**  
Additional merchandise insurance is void if customer requests waiver of signature. Waiver delivery to be made without obtaining signature of addressee. Signature of addressee or authorized person must be left in secure location and I authorize that delivery employee's signature constitutes valid proof of delivery.

**NO DELIVERY**  
Weekend  Holiday  Mailer Signature

**FROM:** (PLEASE PRINT) PHONE ( )

**FOR PICKUP OR TRACKING**  
Visit [www.usps.com](http://www.usps.com)

**TO:** (PLEASE PRINT) PHONE ( )

ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES)

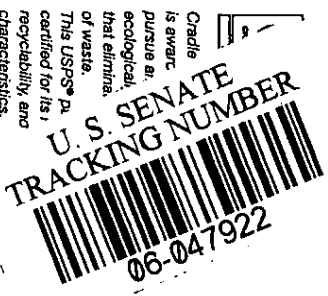
FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY/VALE BELOW.



U.S. POSTAGE  
\$18.95  
EM FR Env  
Date of sale  
02/22/12  
02 1P00  
06896124



When used internationally affix customs declarations (PS Form 2976, or 2976A).



Please recycle.

6147100001

# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED \_\_\_\_\_  
Date of Receipt

USPS FIRST CLASS MAIL \_\_\_\_\_  
Postmark

USPS REGISTERED/CERTIFIED \_\_\_\_\_  
Postmark

USPS PRIORITY MAIL \_\_\_\_\_  
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL 02.22.12  
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION \_\_\_\_\_  
Date of Receipt

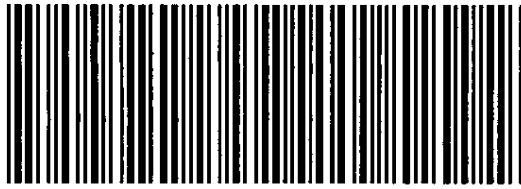
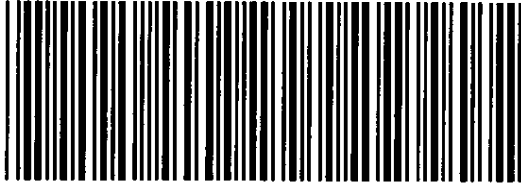
POSTMARK ILLEGIBLE  NO POSTMARK

FAX \_\_\_\_\_  
Date of Receipt

OTHER \_\_\_\_\_  
Date of Receipt or Postmark

PREPARER RD DATE PREPARED 02.27.12

12020174193



12020174194