

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JAN 7 9 12 AM '98

1. (a) NAME OF COMMITTEE IN FULL GREG MULLANAX FOR CONGRESS	☐ (Check if name is changed)	2. DATE 1-6-98
(b) Number and Street Address P.O. Box 170184	☐ (Check if address is changed)	3. FEC Identification Number TO BE ASSIGNED
(c) City, State and ZIP Code ARLINGTON TX 76003-0184	4. Is This Report An Amendment? ☐ YES ☒ NO	

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
MILTON GREG MULLANAX | Candidate Party Affiliation
REPUBLICAN | Office Sought
U.S. REPRESENTATIVE | State/District
TX 06 |
|--|--|---|--------------------------------|
- ☐ (c) This committee supports/opposes only one candidate, _____ and is NOT an authorized committee.
(name of candidate)
- ☐ (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)
- ☐ (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 a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
N/A		

Type of Connected Organization

- ☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization ☐ Membership Organization ☐ Trade Association ☐ Cooperative

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	Mailing Address	Title or Position
GREG MULLANAX	P.O. Box 170184 ARLINGTON, TX 76023	CANDIDATE

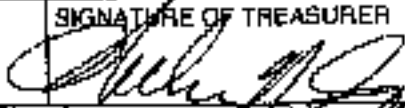
8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Mailing Address	Title or Position
WILLIAM N. GARRISON	BANK ONE TOWER #1410 FORT WORTH, TX 76102	TREASURER

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.	Mailing Address and ZIP Code
COMERICA BANK	5701 CAMP BONIE FORT WORTH, TX 76107

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 WILLIAM N. GARRISON	SIGNATURE OF TREASURER 	DATE 1/6/98
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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.

For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202-219-3420

FE6AN053

FEC FORM 1

(revised 4/87)

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

☒ Hand Delivered	Date of Receipt 1-7-98
☐ First Class Mail	POSTMARKED
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☐ Postmark Illegible	
☐ Received from the House office of Records and Registration	Date of Receipt
☐ Received from the Senate Office of Public Records	Date of Receipt
☐ Other (Specify):	Postmarked and/or Date of Receipt
☐ Electronic Filing	

SKY
PREPARER

1-7-98
DATE PREPARED