

Dorothy A. Adams, M.D., Ph.D.  
Identification Number: C00600231  
5147 Old LaBlanca Road  
Donna, Texas 78537  
(956)639-2239

RECEIVED

2011 OCT 11 AM 11:50

FEC MAIL CENTER

Federal Election Commission  
Washington, DC 20463

4 October 2011

SUBJECT: Attached copy of Form 1, and ltr rec'd 3 October 2011, re Party Affiliation

Dear FEC,

Attached is a copy of the Form 1 I sent on 29 August 2011, which I had retained for my files. I did not select a party affiliation for my campaign, as I received little support from either major party. Therefore, I elected to run as an Independent.


I spoke with one of your analysts on Monday, 3 October. Unfortunately I didn't write down her name, but she was very professional and helpful. I was told that I could send the copy from my files to you, as the record she had didn't have the proper block marked on page 2 for Party Affiliation. I am not sure how that happened, as I have sent three different submissions to you, one of which was the original of the enclosed document. Your analyst said that you actually have only two.

Your letter cites an amended statement of organization, received on 28 August 2011. The copy I am sending is dated 29 August 2011. This is perhaps the disconnect.

In the interest of getting this matter cleared up, I am enclosing the copy of Form 1 which I retained for my files, a copy of your letter, and would appreciate a response as to whether or not this is sufficient for your uses.

Thank you in advance for any assistance you may give me. I can be reached telephonically at (956)639-2239, or by e-mail at [dorothy-adams@usa.net](mailto:dorothy-adams@usa.net), as well as by snail mail.

Respectfully,

  
Dorothy A. Adams, M.D. Ph.D.,  
Aka DOC Adams for President

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FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED 2011 OCT 11 AM 11:50 Office Use Only FEC MAIL CENTER 12FE4M5

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

DOC ADAMS FOR PRESIDENT

ADDRESS (number and street) 5147 Old LaBlanca Road

(Check if address is changed) Donna TX 78537 CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) (Check if address is changed) me@docadamsforpresident.com

COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) http://www.docadamsforpresident.com

2. DATE 06 / 2 / 2011

3. FEC IDENTIFICATION NUMBER C 00500231

4. IS THIS STATEMENT ( ) NEW (N) OR (X) 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 Dorothy A. Adams

Signature of Treasurer [Handwritten Signature] Date 08 / 29 / 2011

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.

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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 Dorothy A. Adams M.D., Ph.D. MS V

Candidate Party Affiliation **IND** 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 \_\_\_\_\_

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

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Write or Type Committee Name

DOC ADAMS FOR PRESIDENT

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

Dorothy A. Adams

Mailing Address

5147 Old LaBlanca Road

Donna

TX

78537

Title or Position

CITY

STATE

ZIP CODE

Candidate

Telephone number

956

377

5196

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

Dorothy A. Adams M.D., Ph.D. MS V

Mailing Address

5147 Old LaBlanca Road

Donna

TX

78537

Title or Position

CITY

STATE

ZIP CODE

Candidate

Telephone number

956

377

5196

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Full Name of Designated Agent

Dorothy A. Adams M.D., Ph.D. MS V

Mailing Address

5147 Old LaBlanca Road

Donna

CITY

TX

STATE

78537

ZIP CODE

Title or Position

Candidate

Telephone number

956

377

5196

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.

Lonestar National Bank

Mailing Address

520 East Nolana

McAllen

CITY

TX

STATE

78504

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

To print and file this form, select "Print" from the "File" menu above. In the "Print" window, select "Document" from the drop down menu labeled "Comments and Forms" Doing so will ensure that the icons and other instructions will not appear on your filing. Click here for a video printing demonstration.

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FEDERAL ELECTION COMMISSION ✓  
WASHINGTON, D.C. 20463

RQ-1

September 27, 2011

DOROTHY A. ADAMS MD PHD MS V, TREASURER  
DOC ADAMS FOR PRESIDENT  
5147 OLD LABLANCA ROAD  
DONNA, TX 78537

**Response Due Date**

**11/01/2011**

IDENTIFICATION NUMBER: C00500231

REFERENCE: AMENDED STATEMENT OF ORGANIZATION, RECEIVED  
08/28/2011

Dear Treasurer:

This letter is prompted by the Commission's preliminary review of the Statement of Organization referenced above. This notice requests information essential to full public disclosure of your federal election campaign finances. **An adequate response must be received by the response date noted above.** Additional information is needed for the following 1 item(s):

- Your Statement of Organization (FEC Form 1) reports information about a Principal Campaign Committee; however, your filing fails to disclose information about the candidate. Commission Regulations require that the Statement of Organization disclose the name of the candidate, the office sought and party affiliation of the candidate. (11 CFR 102.2(a)(v)). Please amend your Statement of Organization to include the **party affiliation of the candidate.**

**Please note you will not receive an additional notice from the Commission on this matter.** Adequate responses received on or before this date will be taken into consideration in determining whether audit action will be initiated. **Requests for extensions of time in which to respond will not be considered.** Failure to provide an adequate response by this date may result in an audit of the committee. Failure to comply with the provisions of the Act may also result in an enforcement action against the committee. Any response submitted by your committee will be placed on the public record and will be considered by the Commission prior to taking enforcement action.

A copy of FEC FORM 1 can be downloaded from the FEC website at <http://www.fec.gov>, or requested through the FEC Faxline at (202) 501-3413. If you should have any questions regarding this matter or wish to verify the adequacy of your response, please contact me on our toll free number (800) 424-9530 (at the prompt press 5 to reach the Reports Analysis Division) or my local number (202) 694-1138.

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DOC ADAMS FOR PRESIDENT

Page 2 of 2

Sincerely,



Seth Kaye  
Senior Campaign Finance Analyst  
Reports Analysis Division

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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
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input checked="" type="checkbox"/> USPS Priority Mail	Postmarked 10/5/11
Delivery Confirmation™ or Signature Confirmation™ Label <input checked="" type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<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
<i>Am W</i> PREPARER	10/11/11 DATE PREPARED