

FEC
FORM 1

STATEMENT OF
ORGANIZATION

RECEIVED
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2005 MAY -4 A 9:35

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

BAZAN FOR CONGRESS

ADDRESS (number and street)

P.O. BOX 2786

(Check if address
is changed)

HOUSTON TX 77252

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

tom@bazan.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

BAZAN.NET

COMMITTEE'S FAX NUMBER

713-466-7750

2. DATE

02 27 2004
~~04 20 2005~~

TRAD

3. FEC IDENTIFICATION NUMBER ▶

C00397117

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

Thomas A. Bazan

Signature of Treasurer

Date

04 20 2005

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 02/2003)

25038804225

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 THOMAS A. BAZAN

Candidate Party Affiliation IND Office Sought: House Senate President State TX District 18

- (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 subordinate) 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

25038804226

Write or Type Committee Name

BAZAN FOR CONGRESS

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 THOMAS A BAZAN

Mailing Address PO BOX 2786

HOUSTON TX 77252

Title or Position CITY STATE ZIP CODE

CANDIDATE/TREASURER Telephone number 713-466-4477

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 THOMAS ANDREW BAZAN

Mailing Address PO BOX 2786

HOUSTON TX 77252

Title or Position CITY STATE ZIP CODE

CANDIDATE/TREASURER Telephone number

Full Name of Designated Agent THOMAS ANDREW BAZAN

Mailing Address PO BOX 2786

HOUSTON TX 77252

Title or Position CITY STATE ZIP CODE

CANDIDATE/TREASURER Telephone number 713-466-4477

25038804227

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.

closed January 2005

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

25038804228

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"/> 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

JAD
 PREPARER
 (3/2005)

5/4/05
 DATE PREPARED

25038804229