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FEC
FORM 1

STATEMENT OF
ORGANIZATION

2004 MAR 12 A 9 15
Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: F typing, type over the lines. 12FE4MS
BILL LESTER FOR CONGRESS

ADDRESS (number and street) (Check if address is changed)
PO BOX 821
BROWNWOOD TX 76804
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
BLESTER@LESTER2004.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)
WWW.LESTER2004.COM

COMMITTEE'S FAX NUMBER
325-223-2204

2. DATE 03 06 2004

3. FEC IDENTIFICATION NUMBER C00387589

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 Sharon Lester

Signature of Treasurer [Handwritten Signature] Date 03 06 2004

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.

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 BILL LESTER

Candidate Party Affiliation REP Office Sought: House Senate President State TX District 11

- (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

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 SHARON MARIE LESTER

Mailing Address 1806 14th STREET

BROWNWOOD CITY TX 76801 STATE ZIP CODE

Title or Position TREASURER Telephone number 817

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 SHARON MARIE LESTER

Mailing Address 1806 14th STREET

BROWNWOOD CITY TX 76801 STATE ZIP CODE

Title or Position TREASURER Telephone number

Full Name of Designated Agent

Mailing Address

CITY STATE ZIP CODE

Title or Position 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.

TEXAS BANK

Mailing Address

PO BOX 1429

BROWNWOOD TX 76804

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
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