FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		(See instruction		IN					Of	fice use o	only								
NAME OF COMMITTEE (in	full)	(Check if name is changed)	Exar over	nple: If typyi the lines	ng, type		12FI	E4M											
Friends of Ro	bert Ricketts					1		1 1	1 1		1 1								
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ADDRESS (number and	street)	Sox 10823									11	ш		لـــ					
(Check if addr is changed)	ress Lubb	oock					L TX		L	79 ⁴	108	<u>.</u>		<u>ш</u>					
COMMITTEE'S E MA	II ADDDECC		CITY			S	TATE	•	▲ ZIP CODE ▲										
COMMITTEE'S E-MA quepha@robe														1					
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			Ш	ШШ			Щ	ш				щ		Щ					
COMMITTEE'S WEB	PAGE ADDRESS (U	RL)																	
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			ш				ш	ш		ш		ш							
COMMITTEE'S FAX N 8067466567	NUMBER	ل																	
2. DATE 0.8	D D Y	2006°																	
3. FEC IDENTIFICA	ATION NUMBER	(Coo	416768															
4. IS THIS STATEM	MENT X NEW	(N) OR		AMEN	DED (A)														
I certify that I have exam	ined this Statement and	to the best of my know	vledge an	d belief it is t	rue, correc	t and	comple	ete											
Type or Print Name of	Treasurer	/Is Quepha LaDa	wn Lyn	n															
Signature of Treasure	Electronically File	d by Ms Quepha	a LaDa	wn Lynn		D	ate	0	8 /	D 2	1 /	Y	2 0 (0 6 [°]					
NOTE: Submission of fa		nplete information may								of 2 U.S	S.C. S4	37g.							
Office Use Only				For further Federal Elec Toll Free 80	ction Comr 0-424-953	nissio					FO lised 02/								

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5.	TYPE OF COMMITTEE (Check One)												
	(a) X 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 complete information below.)	andidate											
	Name of Robert Carlton Ricketts Candidate												
	Candidate Party Affiliation Office Sought: X House Senate President	State TX District 19											
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.													
	Name of Candidate LILICATION OF THE STATE O												
		emocratic, publican,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 fur committee.	nd or party											
6.	Name of Any Connected Organization or Affiliated Committee												
L													
	Mailing Address												
	CITY ≜ STATE ≜	ZIP CODE 🛦											
	Relationship												
	Type of Connected Organization:												
	Corporation Corporation w/o Capital Stock Labor Organizati	on											
	Membership Organization Trade Association Cooperative												

)		Page 3
Write or Type Committee Name			
Friends of Robert Ricketts			
Custodian of Records: Identify possession of Committee books	by name, address, (phone number os and records.	optional), and position of th	ne person in
Full Name Ms Quepha	LaDawn Lynn		
Mailing Address	1806 FM 1294		
_	Lubbock		79403
Title or Position ♥	CITY A	STATE▲	ZIP CODE A
		Felephone number	
name and address of any desig	address (phone number optional) of gnated agent (e.g., assistant treasurer)	the treasurer of the commi	ittee; and the
of Treasurer Mailing Address	P.O. Box 55		
	Olney	тх	
			76374 – 0055
Title or Position ♥	CITY A	STATE	76374 - 0055 ZIP CODE ▲
Title or Position ▼		STATE A	
Title or Position ▼ Full Name of Designated Agent			
Full Name of Designated			
Full Name of Designated Agent			

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9.	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts safety deposit boxes or maintains funds. Name of Bank, Depository, etc.															s, re	nts																		
	Name of Bank, Do	eposit	ory, e	etc.																															
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	Mailing Address					Ш							L	L	1	L																			
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