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FEC
FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (in full)



(Check if name is changed)

Example: If typing, type over the lines.

13FE015

CHRISTIAN FOR CONGRESS

FRIENDS OF BILL CHRISTIAN

ADDRESS (number and street)

POST OFFICE BOX 60117

(Check if address is changed)

MIDLAND

TX

79701-0117

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.christianforcongress.com

www.friendschristian.org

2. DATE

12 18 2002

3. FEC IDENTIFICATION NUMBER

C

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

David B. Cutbirth

Signature of Treasurer

David B. Cutbirth

Date

12 18 2002

NOTE: Submission of false, anonymous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 9437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only					
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For further information, contact:
Federal Election Commission
101 E. 21st Street
Washington, DC 20042-4200

FEC FORM 1
(Revised 1/01)

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 WILLIAM M CHRISTIAN

Candidate Party Affiliation REP Office Sought: House Senate President State TX District 19

- (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 with Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

CHRISTIAN FOR CONGRESS / FRIENDS OF BILL CHRISTIAN

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 JAMES WILSON

Mailing Address POST OFFICE BOX 16717 CHRISTIAN FOR CONGRESS MIDLAND TX 79701-0177

Title or Position CITY STATE ZIP CODE

CONSULTANT Telephone number 512-422-1887

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 DAVID B. KUTNER

Mailing Address POST OFFICE BOX 11552 MONAHANS TX 79756

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 915-943-2618

Full Name of Designated Agent JOY FLETCHER

Mailing Address POST OFFICE BOX 170 ELIZABETH ANN WALKER OF MONAHANS MONAHANS TX 79756

Title or Position CITY STATE ZIP CODE

ASSISTANT TREASURER Telephone number 915-943-2503

2. 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.

FIRST NATIONAL BANKS OF MINNAPOLIS

Mailing Address

POST OFFICE BOX 1170

MINNAPOLIS MN 55401-1170

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

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.

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