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FEC
FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

SMITHER4CONGRESS, COMMITTEE

ADDRESS (number and street) P. O. BOX 131834

(Check if address is changed) HOUSTON TX 77219-1834

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS STAFF@SMITHER4CONGRESS.US

COMMITTEE'S WEB PAGE ADDRESS (URL) SMITHER4CONGRESS.US

COMMITTEE'S FAX NUMBER

2. DATE 05 22 2006

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 PAMELA S. COVINGTON

Signature of Treasurer  Date 05 22 2006

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)

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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

BOB SMITHER

Candidate Party Affiliation

LIB

Office Sought:

X

House

Senate

President

State

TX

District

22

- (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

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Write or Type Committee Name

SMITH & 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 PAMELA S COVINGTON

Mailing Address P.O. BOX 131834

HOUSTON TX 77019-1834

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 713-861-4426

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 PAMELA S COVINGTON

Mailing Address P.O. BOX 131834

HOUSTON TX 77019-1834

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 713-861-4426

Full Name of Designated Agent EARL G COVINGTON

Mailing Address 909 BIRDSALL STREET

HOUSTON TX 77007

Title or Position CITY STATE ZIP CODE

ATTORNEY Telephone number 713-868-9099

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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.

WELLS FARGO BANK, N.A.

Mailing Address

181 FRIENDSWOOD DR BRANCH

830 S FRIENDSWOOD DRIVE

FRIENDSWOOD TX 77134

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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Federal Election Commission
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ACI
PREPARER

5/30/06
DATE PREPARED

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