

FEC
FORM 1

STATEMENT OF
ORGANIZATION

(See instructions)

RECEIVED
FEC MAIL ROOM
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Office Use Only

1. NAME OF
COMMITTEE (In full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

CHAPMAN FOR CONGRESS

ADDRESS (number and street)

P.O. Box 161444

(Check if address
is changed)

DALLAS

TX

752181

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

01 10 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

NORMA MINNIS

Signature of Treasurer

Norma Minnis

Date

01 10 2002

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §1379.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free: 800-424-6530
Local: 202-694-1100

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

RON CHAPMAN

Candidate Party Affiliation

DEM

Office Sought

House

Senate

President

State

TX

District

5th

- (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

[Empty lines for organization name]

Mailing Address

[Empty lines for mailing address]

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

[Empty line for relationship]

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Write or Type Committee Name

CHAPMAN 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 NORMA MENNEN

Mailing Address P.O. BOX 181444

DALLAS TX 75218

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 214-660-3030

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 NORMA MENNEN

Mailing Address P.O. BOX 181444

DALLAS TX 75218

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 214-660-3030

Full Name of Designated Agent NORMA MENNEN

Mailing Address P.O. BOX 181444

DALLAS TX 75218

Title or Position CITY STATE ZIP CODE

TREASURER 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.

OAKS BANK & TRUST

Mailing Address

4849 GREENVILLE AVENUE

DALLAS

TX 75206

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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