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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.

12FB4M5

A R HASSAN FOR CONGRESS

ADDRESS (number and street)

13330 Hillcroft D 224

(Check if address
is changed)

Houston

TX 77057

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

limo@tlimo.org.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

281-829-0300

2. DATE 03 02 2004

3. FEC IDENTIFICATION NUMBER ▶

C

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined the Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

D M HASSAN

Signature of Treasurer

David Hassan

Date

03 02 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the persons signing this Statement to the penalties of 2 U.S.C. §487g
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9500
Local 202-694-1100

FEC FORM 1
(Revised 10/2002)

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 A. R. HASSAN

Candidate Party Affiliation Rep Office Sought: House Senate President State TX District 09

- (c) This committee supports/supports only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a (National, State or subnational) committee of the (Democratic, Republican, etc.) Party
- (e) This committee is a separate segregated fund
- (f) This committee supports/supports 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

Cooperatives

Write or Type Committee Name

A R HASSAN For Congress

7. Custodian of license: identify by name, address (phone number -- optional) and position of the person in possession of licenses, books and records.

Full Name D M HASSAN

Mailing Address 3330 Hillcroft D 224
Houston TX 77057

Title or Position Treasurer CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number 281-829-0300

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 D M HASSAN

Mailing Address 3330 Hillcroft D 224
Houston TX 77057

Title or Position Treasurer CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number 281-829-0300

Full Name of Designated Agent A R HASSAN

Mailing Address 3330 Hillcroft D 224
Houston TX 77057

Title or Position Assistant Treasurer CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number 281-829-0300

2. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, makes safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

BANK of AMERICA ~~MEMPHIS~~

Mailing Address

525 S ERY RD

KATY TX 77450

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

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(2/2004)