

FEC
FORM 1

STATEMENT OF
ORGANIZATION

(See instructions)

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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.

12FB4M5

BECKHAM FOR CONGRESS

ADDRESS (number and street)

P.O. Box 1417



(Check if address
is changed)

ABILENE

TX

79604

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

campaign@BeckhamForCongress.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

BeckhamForCongress.org

2. DATE

01/21/2002

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 Deanna Mayfield

Signature of Treasurer

Deanna H Mayfield

Date

01/21/2002

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 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

JAMES S. ROBERT B. BECKHAM

Candidate Party Affiliation

R.E.P.

Office Sought

☒

House

☐

Senate

☐

President

State

TX

District

17

- (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

Write or Type Committee Name

Beckham 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 Treasurer

Mailing Address

Title or Position CITY STATE ZIP CODE Treasurer Telephone number

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 Deanna MayfieldMailing Address P.O. Box 417Title or Position CITY STATE ZIP CODE TREASURER Telephone number (915) 673-8553Full Name of
Designated
Agent Mailing Address Title or Position CITY STATE ZIP CODE 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.

FIRST NATIONAL BANK OF ABILENE

Mailing Address

400 PINE STREET

ABILENE TX 79601

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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and Registration

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Records

Date of Receipt

☐

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PREPARER

1-25-02

DATE PREPARED

(6/2000)