

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUL 31 9 23 AM '99

1. (a) NAME OF COMMITTEE OR FUND RON KAPCHE FOR U.S. CONGRESS	<input type="checkbox"/> (Check if name is changed)	2. DATE 6/25/99
(b) Number and Street Address 5161 SAN FELIPE STE 300	<input type="checkbox"/> (Check if address is changed)	3. FEC Identification Number
(c) City, State and ZIP Code HOUSTON TX 77056		4. Is This Report Accompanied? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

July 1

B. 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
RONALD A. KAPCHE | Candidate's Party Affiliation
REPUBLICAN | Office Sought
U.S. CONGRESS | State/District
TX CD 7 |
|--|--|---------------------------------------|----------------------------------|
- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee. (Name of candidate)
- (d) This committee is a _____ committee of the _____ Party. (National, State or Subordinate) (Democratic, Republican, etc.)
- (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 a party committee.

A. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

Type of Connected Organization:
 Corporation Corporation with Capital Stock Labor Organization Membership Organization Trade Association Cooperative

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 KAREN DECKER	Mailing Address 5161 SAN FELIPE STE 300 HOUSTON TX 77056	Title or Position FEDERAL RECORDS COORDINATOR
----------------------------------	--	---

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee, and the name and address of any assigned agent (e.g., assistant treasurer).

Full Name BRENDA E. ARNETT	Mailing Address 5161 SAN FELIPE STE 300 HOUSTON TX 77056	Title or Position CAMPAIGN TREASURER
--------------------------------------	--	--

9. Banks or Other Depository(ies): 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. PRIME BANK	Mailing Address and ZIP Code 12000 NORTHWEST FREWAY P.O. BOX 920871 HOUSTON TX 77292
---	--

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 THE SIGNER BRENDA E. ARNETT	SIGNATURE OF TREASURER <i>Brenda E. Arnett</i>	DATE 6/24/99
---	---	------------------------

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:
Federal Election Commission
Tel-free 800-426-6830
Local 202-218-3430

FEB99121

FEC FORM 1
(revised 4/87)

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.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 7-1-99
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>SES</i> PREPARER	7-1-99 DATE PREPARED