

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

Chet Edwards for Congress

ADDRESS (Number and street)

PO Box 23273

(Check if address is changed)

WACO

TX

76702

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

emily@chetedwards.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2547765097

2. DATE

07 / 08 / 2005

3. FEC IDENTIFICATION NUMBER

C C00240465

4. IS THIS STATEMENT

X

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

Lisa C Jaynes

Signature of Treasurer

Electronically Filed by Lisa C Jaynes

Date

07 / 08 / 2005

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

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-894-1100

FEC FORM 1
(Revised 02/2003)

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 Chet Edwards

Candidate Party Affiliation	DEM	Office Sought:	<input checked="" type="checkbox"/> House	<input type="checkbox"/> Senate	<input type="checkbox"/> 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 A STATE A ZIP CODE A

Relationship _____

Type of Connected Organization:

- | | | |
|-------------------------|-------------------------------|--------------------|
| Corporation | Corporation w/o Capital Stock | Labor Organization |
| Membership Organization | Trade Association | Cooperative |

Write or Type Committee Name

Chet Edwards 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 **Emily Amps**

Mailing Address **PO Box 23273**

Waco TX 76702

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Finance Director Telephone number 254 - 776 - 6100

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 **Lisa C Jaynes**

Mailing Address **2215 Ridgewood Drive**

Waco TX 76710

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number 254 - 776 - 6100

Full Name of Designated Agent **Emily Amps**

Mailing Address **PO Box 23273**

Waco TX 76702

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.

Central National Bank

Mailing Address

PO Box 2525

Waco

TX

76702 -

CITY Δ

STATE Δ

ZIP CODE Δ

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.

[ADDITIONAL]

Union State Bank

Mailing Address

PO Box 600

Florence

TX

76527

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Designated Agent

[ADDITIONAL]

Full Name _____

Mailing Address _____

Title or Position ▼

CITY ▲

STATE▲

ZIP CODE ▲

Telephone number _____ - _____ - _____

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.

[ADDITIONAL]

	Bank of America		
Mailing Address	730 15th Street, NW		
	Washington DC 20005		
	CITY ▲	STATE ▲	ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

	Texas Victory 2006		
Mailing Address	490 S. Capitol Street, SE		
	Washington DC 20003		
	CITY ▲	STATE ▲	ZIP CODE ▲

Relationship Joint Fundraising Representative

Type of Connected Organization:

- | | | |
|-------------------------|-------------------------------|--------------------|
| Corporation | Corporation w/o Capital Stock | Labor Organization |
| Membership Organization | Trade Association | Cooperative |

Designated Agent

[ADDITIONAL]

Full Name _____

Mailing Address _____

Title or Position ▼

CITY ▲

STATE▲

ZIP CODE ▲

Telephone number _____ - _____ - _____

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.

[ADDITIONAL]

Bank of America

Mailing Address

730 15th Street, NW

Washington

DC

20005

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

Frontline Democrats

Mailing Address

490 South Capitol St, SE

Washington

DC

20003

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Joint Fundraising Representative

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Designated Agent

[ADDITIONAL]

Full Name _____

Mailing Address _____

Title or Position ▼

CITY ▲

STATE▲

ZIP CODE ▲

Telephone number _____ - _____ - _____
