STATEMENT OF ORGANIZATION

(See reverse side for instructions)

FEDERAL ELECTION COMMISSION WASH. DC

MAY 30 11 13 AM '95

1. (a) NAME OF COMMITTEE IN FULL ☐ (Check if name is changed)

OUR FATHER'S WILL

2. DATE: may 24th, 1995

(b) Number and Street Address ☐ (Check if address is changed)

Route 5, Box 122

(c) City, State and ZIP Code

Burleson, Texas

3. FEC Identification Number

4. Is This Report An Amendment? ☐ YES ☒ NO

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	Candidate Party Affiliation	Office Sought	State/District
DONALD STEVEN BULLARD	MY FATHER'S WILL	HIS PRESIDENT	U.S.A.

☒ (c) This committee supports/opposes only one candidate, Donald Steven Bullard (name of candidate), and is NOT an authorized committee.

☒ (d) This committee is a National Christian committee of the OUR Father's Will 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.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
JOSANNA'S MANNA	AVENIDA NICOLAS ECHEVERRIA #323 SANTIAGO IXCUINTLA, NAYARIT, MEXICO	PROVIDING RELIEF FOR CHILDREN of "THE KING"

Type of Connected Organization "WE ARE A PEOPLE" NOT AN ORGANIZATION!
☐ Corporation ☐ Corporation w/o 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	Mailing Address	Title or Position
DONALD STEVEN BULLARD	RT. 5 BOX 122, BURLESON TX.	MY FATHER'S SON

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	Mailing Address	Title or Position
GEORGINA SANDOVAL-HDEZ. BULLARD		HOUSEWIFE-MOTHER

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.	Mailing Address and ZIP Code
I REQUEST THAT ALL CAMPAIGN CONTRIBUTIONS BE GIVEN HAND to HAND FOR REQUITTAL of The SUFFERING of All CHRIST'S PEOPLE.	I DON'T WANT A DIME.

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	SIGNATURE OF TREASURER	DATE
GEORGINA SANDOVAL-BULLARD		MAY 24th, 1995

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.

For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202-219-3420

FE5AN046

FEC FORM 1
(revised 4/87)

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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.

☐	Hand Delivered	DATE OF RECEIPT
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 5-20-95
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

Stb
PREPARER

5-30-95
DATE PREPARED

FEC FORM 70-2 (12/92)

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