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 **Steve Clark**
Republican for Congress

January 14, 2010

Reference
Steve Clark for Congress
FEC form 1
Statement of Organization

To whom it may concern:

I am the treasurer for the Campaign Committee for Steve Clark for Congress.
Attached is FEC form 1, Statement of Organization.

We previously filed FEC form 2 on January 8, 2010.

We look forward to hearing from you with our numbers and filing requirements
My contact phone number is 972.771.1040.

Please feel free to contact me if you have questions.

Sincerely,



Rick Dirkse
Treasurer for Steve Clark for Congress

Steve Clark for Congress ★ 2931 Ridge Road ★ Suite 101-168 ★ Rockwall, TX 75032
972-772-8397

www.votesteveclark.com

Paid for by Steve Clark for Congress, Rick Dirkse Treasurer

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2010 JAN 15 AM 10:08

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.

12FE4M5

Steve Clark For Congress

ADDRESS (number and street)

2131 Ridge Road Suite 101-108



(Check if address
is changed)

Rockwall

Tx

75032

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)



(Check if address
is changed)

Info@VoteSteveClark.com

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address
is changed)

www.voteSteveClark.com

2. DATE

01 08 2010

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

Rick Dirkse

Signature of Treasurer

Rick Dirkse

Date

01 08 2010

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 02/2009)

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5. TYPE OF COMMITTEE

Candidate Committee:

- (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: House Senate President State _____ District _____

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

Name of Candidate _____

Party Committee:

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

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

In addition, this committee is a Lobbyist/Registrant PAC.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C

2. _____ FEC ID number C

3. _____ FEC ID number C

4. _____ FEC ID number C

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Write or Type Committee Name

Steve CLARK for Congress

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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

Rick Dickse

Mailing Address

3077 N Goliad

Rockwall

Tx

75087

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

972

771

1040

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

Rick Dickse

Mailing Address

3077 N Goliad

Rockwall

Tx

75087

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

972

771

1040

10030213487

Full Name of Designated Agent

[Empty grid line]

Mailing Address

[Empty grid line]

[Empty grid line]

[Empty grid line]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid line]

Telephone number

[Empty grid line]

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.

American National Bank

Mailing Address

2865 Ridge Road

[Empty grid line]

Rockwall Tx 75032

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty grid line]

Mailing Address

[Empty grid line]

[Empty grid line]

[Empty grid line]

CITY

STATE

ZIP CODE

10030213488

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

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USPS First Class Mail Postmarked

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USPS Express Mail Postmarked

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No Postmark

Overnight Delivery Service (Specify): *ups* Shipping Date
1-14-10
 Next-Business-Day-Delivery

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Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

JM
 PREPARER

1/15/10
 DATE PREPARED

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