

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See instructions)

Off. Use Only

1. NAME OF COMMITTEE (In full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5

WAREING FOR CONGRESS

ADDRESS (Home or street) 700 LOUISIANA, SUITE 3920

X (Check if address is changed) HOUSTON TX 77002

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

info@wareingforcongress.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.wareingforcongress.com

2. DATE 04 / 25 / 2002

3. FEC IDENTIFICATION NUMBER C00370809

4. IS THIS STATEMENT NEW (N) OR X 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 CATHY MC CONN

Signature of Treasurer Electronically Filed by CATHY MC CONN Date 04 / 25 / 2002

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				
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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1110

FEC FROM 1
(Revised 1/2001)

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 PETER S WAREING

Candidate Party Affiliation	REP	Office Sought:	<input checked="" type="checkbox"/> House	<input type="checkbox"/> Senate	<input type="checkbox"/> President	State	TX
						District	31

- (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

WAREING 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 CATHY MC CONN

Mailing Address P.O. BOX 5302

KATY TX 77491 -
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 CATHY MC CONN

Mailing Address P.O. BOX 5302

KATY TX 77491 -
Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

TREASURER Telephone number _____ - _____ - _____

Full Name of Designated Agent WALT ADKINS

Mailing Address 1703 SOUTH MEDIO RIVER CIRCLE

SUGARLAND TX 77478 -
Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

ASSISTANT TREASURER 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.

JP MORGAN CHASE BANK TEXAS

Mailing Address

PO BOX 2558

HOUSTON

TX

77252 -

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]

Mailing Address

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

WAREING FOR CONGRESS

Mailing Address

700 LOUISIANA, SUITE 3920

HOUSTON TX 77002

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 _____ - _____ - _____