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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

Gerald Wall For Congress

ADDRESS (number and street)

5115 cr 244

(Check if address is changed)

Brazoria

Tx

77422

CITY

STATE

ZIP CODE

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

(Check if address is changed)

g.wall2010@yahoo.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.geraldwall2010.com

2. DATE

07 / 30 / 2009

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

Frances N. Wall

Signature of Treasurer

Frances N. Wall

Date

07 / 30 / 2009

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)

29030142561

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 Gerald D. Wall

Candidate Party Affiliation REP Office Sought: House Senate President State Tx District 14

- (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 | <u>C</u> |
| 2. | _____ | FEC ID number | <u>C</u> |
| 3. | _____ | FEC ID number | <u>C</u> |
| 4. | _____ | FEC ID number | <u>C</u> |

29030142562

Full Name of Designated Agent

Kimberly Tyrrell

Mailing Address

101 Hackberry St.

2204

Clute

CITY

Tx

STATE

77531

ZIP CODE

Title or Position

Telephone number

979

824

4310

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.

First National Bank of Lake Jackson

Mailing Address

100 E. San Bernard st.

Brazoria

CITY

Tx

STATE

77422

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

29030142563

Write or Type Committee Name

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 Frances N. Wall

Mailing Address 5115 cr. 244

Brazoria Tx 77422

Title or Position CITY STATE ZIP CODE

Bookkeeper Telephone number 979 - 798 - 6079

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 Frances N. Wall

Mailing Address 5115 cr. 244

Brazoria Tx 77422

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 979 - 798 - 6079

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
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PREPARER
(3/2005)

8/6/09
DATE PREPARED

29030142565