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**FEC  
FORM 1**

**STATEMENT OF  
ORGANIZATION**

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FEARNS

CAPENER FOR CONGRESS

ADDRESS (number and street)

RR 15 BOX 6180

(Check if address is changed)

MISSION

DX

78574-0589

CITY A

STATE A

ZIP CODE A

COMMITTEE'S E-MAIL ADDRESS

Capener@aol.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

http://www.CapenerForCongress.com

COMMITTEE'S FAX NUMBER

2. DATE 11/12/2003

3. FEC IDENTIFICATION NUMBER C00391367

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 Jerry R. Jeske

Signature of Treasurer *Jerry R. Jeske*

Date 11/12/2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §487c. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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 REGNER, ALVIN, CAPENER

Candidate Party Affiliation REPUBLICAN Office Sought  House  Senate  President State TX District 25

- (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

N/A

Mailing Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

\_\_\_\_\_

Type of Connected Organization:

Corporation

Corporation with Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

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 Name of Type Committee Name
 

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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 DELLA D. CAPENER

Mailing Address RR-15, BOX 6180  
MISSION TX 78574-9589

Title or Position CAMPAIGN MANAGER CITY MISSION STATE TX ZIP CODE 78574-9589

Telephone number 956-583-5355

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 JERRY R. JESKE

Mailing Address 4300 S. BUSINESS HWY 283  
EDINBURG TX 78539-9699

Title or Position TREASURER CITY EDINBURG STATE TX ZIP CODE 78539-9699

Telephone number 956-384-2866

Full Name of Designated Agent DELLA D. CAPENER

Mailing Address RR-15, BOX 6180  
MISSION TX 78574-9589

Title or Position CAMPAIGN MANAGER CITY MISSION STATE TX ZIP CODE 78574-9589

Telephone number 956-583-5355

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9. **Bank or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, uses safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

TEXAS STATE BANK

Mailing Address

6900 N. 10th Street

McAllen TX 78501-1735

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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