

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

Caldwell County, Texas Republican Party

ADDRESS (number and street)

P. O. Box 7

(Check if address is changed)

Lockhart

TX

78644

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

gopkat@sbcglobal.net

Optional Second E-Mail Address

ccrpgop@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.caldwellcountytexanrepublicans.org

2. DATE

MM / DD / YYYY
11 / 07 / 2016

3. FEC IDENTIFICATION NUMBER ►

C C00628958

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 Haigler, Kathy, L., Mrs.,

Signature of Treasurer

Haigler, Kathy, L., Mrs.,

[Electronically Filed]

Date

MM / DD / YYYY
01 / 10 / 2017

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				
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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

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 SUB (National, State or subordinate) committee of the REP (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 _____

Write or Type Committee Name

Caldwell County, Texas Republican Party

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

REPUBLICAN PARTY OF TEXAS

Mailing Address

PO BOX 2206

AUSTIN

TX

78768-2206

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 Haigler, Kathy, L., Mrs.,

Mailing Address 430 Skyline Rd

Dale

TX

78616

Title or Position

CITY

STATE

ZIP CODE

County Chairman

Telephone number 512 - 243 - 9899

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 Haigler, Kathy, L., Mrs.,

Mailing Address 430 Skyline Rd

Dale

TX

78616

Title or Position
County Chairman

CITY

STATE

ZIP CODE

Telephone number 512 - 243 - 9899

Full Name of Designated Agent

Olson, Susana, Marie, Mrs.,

Mailing Address

406 N. Blanco

Lockhart

TX

78616

CITY

STATE

ZIP CODE

Title or Position

Precinct Chair #402

Telephone number

512

698

2003

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 Lockhart National Bank

Mailing Address

P.O. Box 600

Lockhart

TX

78644

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F1A
Transaction ID :

Two amendments: 1 - We changed our designated agent. 2 - Per RFAI: I indicated we are a subordinate committee of the Republican Party of Texas but didnt know we also needed to list the Republican Party of Texas as an affiliated committee. We are now confirming we are an affiliated committee with Republican Party of Texas on page 3, item 6.

Form/Schedule:
Transaction ID: