

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See Instructions)

Ofc. Use Only

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

FRIENDS OF MARK HENRY

ADDRESS (Number and street)

4818 Park St

(Check if address is changed)

Bellaire

TX

77401

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

carolclaypool@hotmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2819134671

2. DATE **09 / 20 / 2004**

3. FEC IDENTIFICATION NUMBER **C C00392944**

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 **Carol Claypool**

Signature of Treasurer Electronically Filed by Carol Claypool Date **09 / 20 / 2004**

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

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-894-1100

FEC FORM 1
(Revised 02/2003)

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 MARK ALAN HENRY

Candidate Party Affiliation **REP** Office Sought: House Senate President State **TX** District **02**

- (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 A STATE A ZIP CODE A

Relationship _____

Type of Connected Organization:

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

Write or Type Committee Name

FRIENDS OF MARK HENRY

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 Christopher J. Ward

Mailing Address 6302 Massachusetts Ave

Bethesda MD 20816 -
 Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Asst. 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 Carol Claypool

Mailing Address 438 Savannah Springs Way

Spring TX 77373 -
 Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number - -

Full Name of Designated Agent Christopher J. Ward

Mailing Address 6302 Massachusetts Ave

Bethesda MD 20816 -
 Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Asst. 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.

Southwest Bank of Texas

Mailing Address

2000 Spring Cypress Rd

Spring

TX

77388

CITY Δ

STATE Δ

ZIP CODE Δ