02/26/2004 17 : 12

FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

Office Use Only

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

ARLETTE MOLINA FOR CONGRESS

ADDRESS (number and street)

6060 RICHMOND AVE

(Check if address is changed)

SUITE 180

HOUSTON | TX | 77057 -

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

arlette@arlettemolinaforcongress.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.arlettemolinaforcongress.com

COMMITTEE'S FAX NUMBER

7138507263

2. DATE 02 23 2004

3. **FEC IDENTIFICATION NUMBER** **C** **C00395202**

4. IS THIS STATEMENT X 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 **YVETTE MITCHELL**

Signature of Treasurer Electronically Filed by YVETTE MITCHELL Date 02 23 2004

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 02/2003)

5. TYPE OF COMMITTEE (Check One)

(a) X 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 **REP** Office Sought: X House Senate President State **TX** District **09**

(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

ARLETTE MOLINA 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: YVETTE MITCHELL

Mailing Address: 3100 TIMMONS LANE

SUITE 410

HOUSTON TX 77027 –

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

TREASURER

Telephone number: 713 – 850 – 7282

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: YVETTE MITCHELL

Mailing Address: 3100 TIMMONS LANE

SUITE 410

HOUSTON TX 77027 –

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

TREASURER

Telephone number: 713 – 850 – 7282

Full Name of Designated Agent: VINCENT WATKINS

Mailing Address: 3100 TIMMON LANE

SUITE 410

HOUSTON TX 77027 –

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

ASSISTANT TREASURER

Telephone number: 713 – 850 – 7282

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.

COASTAL BANK SSB

Mailing Address

5718 WESTHEIMER

SUITE 350

HOUSTON | TX | 77057 – 5745

CITY | STATE | ZIP CODE