

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

SECRETARY OF THE SENATE

00 JAN 27 AM 7:46

H.D.

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| 1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) <div style="font-size: 1.2em; font-family: cursive;">CLARK SENATE 2000</div> | 2. DATE <div style="font-size: 1.2em; font-family: cursive;">01/21/00</div> |
| (b) Number and Street Address <input type="checkbox"/> (Check if address is changed) <div style="font-size: 1.2em; font-family: cursive;">P.O. BOX 850560</div> | 3. FEC Identification Number |
| (c) City, State and ZIP Code <div style="font-size: 1.2em; font-family: cursive;">MESQUITE, TEXAS 75185</div> | 4. Is This Report An Amendment? <input type="checkbox"/> YES <input type="checkbox"/> NO |

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 <div style="font-size: 1.2em; font-family: cursive;">DON CLARK</div> | Candidate Party Affiliation <div style="font-size: 1.2em; font-family: cursive;">DEMOCRATIC</div> | Office Sought <div style="font-size: 1.2em; font-family: cursive;">U.S. SENATE</div> | State/District <div style="font-size: 1.2em; font-family: cursive;">TEXAS</div> |
|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)
- (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)
- (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 a party committee.

| 6. Name of Any Connected Organization or Affiliated Committee | Mailing Address and ZIP Code | Relationship |
|---------------------------------------------------------------|------------------------------|--------------|
| | | |

Type of Connected Organization

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

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 <div style="font-size: 1.2em; font-family: cursive;">KIMBERLY ANN DECKER</div> | Mailing Address <div style="font-size: 1.2em; font-family: cursive;">910 E. DAUGHERTY</div> | Title or Position <div style="font-size: 1.2em; font-family: cursive;">TREASURER</div> |
|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

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 <div style="font-size: 1.2em; font-family: cursive;">KIMBERLY ANN DECKER</div> | Mailing Address <div style="font-size: 1.2em; font-family: cursive;">GARLAND, TX 75041</div> | Title or Position <div style="font-size: 1.2em; font-family: cursive;">TREASURER</div> |
|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

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. <div style="font-size: 1.2em; font-family: cursive;">BANK UNITED</div> | Mailing Address and ZIP Code <div style="font-size: 1.2em; font-family: cursive;">GARLAND, TX 75041 525 N. GALLOWAY MESQUITE, TX 75149</div> |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|

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 <div style="font-size: 1.2em; font-family: cursive;">KIMBERLY DECKER</div> | SIGNATURE OF TREASURER | DATE <div style="font-size: 1.2em; font-family: cursive;">1-21-2000</div> |
|---------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------|

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.

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

FE9AN114PDF

FEC FORM 1

(revised 4/87)

200001311

