

**FEC  
FORM 1**

**STATEMENT OF  
ORGANIZATION**

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

Thorstenson for Congress

ADDRESS (Home or street)

3302 N E Stallings

(Check if address is changed)

Nacogdoches

TX

75965

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

LyleThorstenson@msn.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

336-564-1280

2. DATE

06 / 11 / 2003

3. FEC IDENTIFICATION NUMBER

C C00388066

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

Mrs. Pamela Thorstenson

Signature of Treasurer

Electronically Filed by Mrs. Pamela Thorstenson

Date

06 / 11 / 2003

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 Dr. Lyle Thorstenson

Candidate Party Affiliation	<b>REP</b>	Office Sought:	<input checked="" type="checkbox"/> House	<input type="checkbox"/> Senate	<input type="checkbox"/> President	State	<b>TX</b>
						District	<b>01</b>

- (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

**Thorstenson 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 **Pam Thorstenson**

Mailing Address **P O Box 682020**

**Nacogdoches, Tx**

Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
<b>Treasurer</b>			
		Telephone number	<b>936 - 564 - 2411</b>

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 **Mrs. Pamela Thorstenson**

Mailing Address **P O Box 692020**

**Nacogdoches TX 75963**

Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
		Telephone number	<b>936 - 564 - 2411</b>

Full Name of Designated Agent

Mailing Address

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

Commercial Bank of Texas, NA

Mailing Address

P O Box 635050

Nacogdoches

TX

75963

CITY Δ

STATE Δ

ZIP CODE Δ