

**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

**BILL THOMAS CAMPAIGN COMMITTEE**

ADDRESS (Number and street)

**PO BOX 395**

(Check if address is changed)

**BAKERSFIELD**

**CA**

**93302**

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

**rfoster@liberystar.net**

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

**8613273672**

2. DATE <sup>M</sup> <sup>M</sup> / <sup>D</sup> <sup>N</sup> / <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup>  
**10 / 23 / 2003**

3. FEC IDENTIFICATION NUMBER **C C00100537**

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 **JOHN CUMMINGS**

Signature of Treasurer Electronically Filed by **JOHN CUMMINGS** Date <sup>M</sup> <sup>M</sup> / <sup>D</sup> <sup>N</sup> / <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup>  
**10 / 23 / 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				
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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 WILLIAM M THOMAS

Candidate Party Affiliation	<b>REP</b>	Office Sought:	<input checked="" type="checkbox"/> House	<input type="checkbox"/> Senate	<input type="checkbox"/> President	State	<b>CA</b>
						District	<b>22</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

**BILL THOMAS CAMPAIGN COMMITTEE**

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 ROBIN LAKE-FOSTER

Mailing Address P.O. BOX 395

BAKERSFIELD CA 93302 -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

ASST TREASURER Telephone number 661 - 322 - 2225

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 JOHN CUMMINGS

Mailing Address P. O. BOX 395

BAKERSFIELD CA 93302 -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

TREASURER Telephone number 661 - 322 - 2225

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.

SAN JOAQUIN BANK

Mailing Address

1301 17TH ST

BAKERSFIELD

CA

93301 -

CITY Δ

STATE Δ

ZIP CODE Δ