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**FEC  
FORM 1**

**STATEMENT OF  
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (or fund)

(Check if name is changed)

Example: If typing, type over the lines.

12FEB4MS

JENKINS FOR CONGRESS

ADDRESS (number and street)

13808 B. LAYLOCK PL

(Check if address is changed)

FLA

TX

75025

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

info@jenkins2004.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

http://www.jenkinsforcongress.com

COMMITTEE'S FAX NUMBER

972-377-4196

2. DATE

07 03 2004

3. FEC IDENTIFICATION NUMBER

C

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

Paul Jenkins

Signature of Treasurer

*Paul Jenkins*

Date

07 03 2004

NOTE: Submission of false, inaccurate, 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 800-424-9630  
Voice 202-694-1100

**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 PAUL JENKINS

Candidate Party Affiliation

IND

Other Sought

House

Senate

President

State

District

Other

State

District

IND 103

- (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

NONE

Mailing address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation

Corporation with Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Write or Type Committee Name

Jenkins 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 TREASURER PAUL JENKINS

Mailing Address 13808 BLAYLOCK PL

PLANO TX 75025

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

972-1377-4196

8. Treasurers: 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 PAUL JENKINS

Mailing Address 13808 BLAYLOCK PL

PLANO TX 75025

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

972-1377-4196

Full Name of Designated Agent

DEANE JENKINS

Mailing Address 13808 BLAYLOCK PL

PLANO TX 75025

Title or Position

CITY

STATE

ZIP CODE

CAMPAIGN MANAGER

Telephone number

972-1377-10524

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.

COMPASS BANK

Mailing Address

29.00 Legacy DR

PLANO

TX

75023

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER	8-9-04 DATE PREPARED

(5/2004)