



RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

FEB 1 9 53 AM '98

January 27, 1998

Federal Election Commission
999 E. Street N.W.
Washington, DC 20463

Following advice from the person in your information division, the purpose of this letter is to inform you that my filing as a candidate in January took place early, before I had raised or spent \$5,000.

This letter serves the purpose of the quarterly report from the Kemp 98 Committee due January 31, 1998. Please contact us if you require further information.

Sincerely,



Margaret Kemp
Treasurer



Hill Kemp

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

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1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) <div style="font-size: 1.2em; font-family: cursive;">KEMP 98 COMMITTEE</div>	2. DATE <div style="font-size: 1.2em; font-family: cursive;">1-26-98</div>
(b) Number and Street Address <input checked="" type="checkbox"/> (Check if address is changed) <div style="font-size: 1.2em; font-family: cursive;">P.O. BOX 2405</div>	3. FEC Identification Number <div style="font-size: 1.2em; font-family: cursive;">000321620</div>
(c) City, State and ZIP Code <div style="font-size: 1.2em; font-family: cursive;">HOUSTON, TEXAS 77252-2405</div>	4. Is This Report An Amendment? <input checked="" 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;">Bill Kemp</div> | Candidate Party Affiliation
<div style="font-size: 1.2em; font-family: cursive;">DEMOCRAT</div> | Office Sought
<div style="font-size: 1.2em; font-family: cursive;">U.S. REPRESENTATIVE</div> | State/District
<div style="font-size: 1.2em; font-family: cursive;">TEXAS/22</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.

8. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
NONE		

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	Mailing Address	Title or Position
MARGARET M. KEMP	P.O. BOX 900, MANUEL, TX 77578	TREASURER

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	Mailing Address	Title or Position
MARGARET M. KEMP	P.O. BOX 900, MANUEL, TX 77578	TREASURER
SHIRLEY BROTHERS	905 IWO SE, ALVIN, TX, 77511	ASST. TREASURER

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. Mailing Address and ZIP Code

BRAZOSWOOD NATIONAL BANK, P.O. BOX 1088, ALPHARD, TX 77531-1088

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;">MARGARET M. KEMP</div>	SIGNATURE OF TREASURER 	DATE <div style="font-size: 1.2em; font-family: cursive;">1/27/98</div>
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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 202-219-8420

FEGAN053

FEC FORM 1
(revised 4/87)

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 1-27-98
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>Jeb</i> PREPARER	2-1-98 DATE PREPARED