

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

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Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

FRANKLIN D. ROYALTY

ADDRESS (number and street)

PO BOX 2718

(Check if address
is changed)

GREENVILLE

GA

30602-2718

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

FRANKLIN.ROYALTY@GMAIL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.FRANKLINROYALTY.COM

COMMITTEE'S FAX NUMBER

(706)-694-6210

2. DATE

M M / D D / Y Y Y Y

5 / 19 / 2007

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

Angie Thompson

Signature of Treasurer

Angie Thompson

Date

05 / 19 / 2007

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.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 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

WILLIAM B. BRYAN

Candidate
Party Affiliation

R

Office
Sought:☒ House☐ Senate☐ President

State

TX

District

10

- (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

The National Republican Party

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

William H. Harrison

Mailing Address

1111 1st St. N.E.

Washington, D.C.

20002-4242

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Washington, D.C.

Telephone number

202-462-1234

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

William H. Harrison

Mailing Address

1111 1st St. N.E.

Washington, D.C.

20002-4242

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Washington, D.C.

Telephone number

202-462-1234

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.

UNION STATE BANK

Mailing Address

3625 MARATHON RD

LEICESTERVILLE TN 37052

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.

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☐ Received from Electronic Filing Office	Date of Receipt
☐ Other (Specify):	Date of Receipt or Postmarked


PREPARER

5/22/07
DATE PREPARED