

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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2007 APR 20 AM 10:28

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Jim Squier for Congress

ADDRESS (number and street)

P.O. Box 16697

(Check if address is changed)

Sugar Land

Texas

77496-6997

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

jimsquier@cd22.us

COMMITTEE'S WEB PAGE ADDRESS (URL)

squierforcongress.com

COMMITTEE'S FAX NUMBER

281-754-4339

2. DATE

M M / D D / Y Y Y Y

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 J.D. "BUCKY" ALLSHOUSE

Signature of Treasurer

Date

08 / 07 / 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)

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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 **Jim Squier**

Candidate Party Affiliation **REP** Office Sought: House Senate President State **TX** District **22**

- (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

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Write or Type Committee Name

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 Bonnie Squier

Mailing Address P.O. Box 16697

Title or Position Title or Position Title or Position Title or Position
Sugar Land TX 77496-6697
CITY STATE ZIP CODE

Custodian of Records Telephone number

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 J.D. "Bucky" Allshouse

Mailing Address P.O. Box 16697

Title or Position Title or Position Title or Position Title or Position
Sugar Land TX 77496-6697
CITY STATE ZIP CODE

Treasurer Telephone number

Full Name of Designated Agent Bonnie Squier

Mailing Address P.O. Box 16697

Title or Position Title or Position Title or Position Title or Position
Sugar Land TX 77496-6697
CITY STATE ZIP CODE

Assistant Treasurer Telephone number

27039511739

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.

AMEGY BANK OF TEXAS

Mailing Address

P.O. BOX 27459

HOUSTON

TX

77227-7459

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

[Empty grid line]

[Empty grid line]

[Empty grid line]

[Empty grid line]

CITY ▲

STATE ▲

ZIP CODE ▲

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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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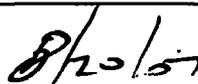
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PREPARER
 (3/2005)



DATE PREPARED

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