

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

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FEC MAIL ROOM

2002 FEB -6 A 11:41

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) <div style="font-size: 1.2em; font-family: cursive;">Keith Self Election Committee</div>	2. DATE <div style="font-size: 1.2em; font-family: cursive;">20 Dec 01</div>
(b) Number and Street Address <input checked="" type="checkbox"/> (Check if address is changed) <div style="font-size: 1.2em; font-family: cursive;">PO Box 2411</div>	3. FEC Identification Number <div style="font-size: 1.2em; font-family: cursive;">C00364810</div>
(c) City, State and ZIP Code <div style="font-size: 1.2em; font-family: cursive;">Frisco, Texas 75034</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<br><div style="font-size: 1.2em; font-family: cursive;">Keith Self</div> | Candidate Party Affiliation<br><div style="font-size: 1.2em; font-family: cursive;">Republican</div> | Office Sought<br><div style="font-size: 1.2em; font-family: cursive;">US Representative</div> | State/District<br><div style="font-size: 1.2em; font-family: cursive;">TX/26</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.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

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 <div style="font-size: 1.2em; font-family: cursive;">Tracy G. Self</div>	Mailing Address <div style="font-size: 1.2em; font-family: cursive;">8324 Beech Ln, McKinney, TX 75070</div>	Title or Position <div style="font-size: 1.2em; font-family: cursive;">Treasurer</div>
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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 <div style="font-size: 1.2em; font-family: cursive;">Tracy G. Self</div>	Mailing Address <div style="font-size: 1.2em; font-family: cursive;">8324 Beech Lane, McKinney, TX 75070</div>	Title or Position <div style="font-size: 1.2em; font-family: cursive;">Treasurer</div>
Full Name <div style="font-size: 1.2em; font-family: cursive;">Scott Conrad</div>	Mailing Address <div style="font-size: 1.2em; font-family: cursive;">4131 N. Central Express, Dallas, TX 75204</div>	Title or Position <div style="font-size: 1.2em; font-family: cursive;">Asst Treasurer</div>

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. <div style="font-size: 1.2em; font-family: cursive;">Texas Capital Bank</div>	Mailing Address and ZIP Code <div style="font-size: 1.2em; font-family: cursive;">5910 N. Central Express, Ste 150 Dallas, TX 75206</div>
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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;">Tracy G. Self</div>	SIGNATURE OF TREASURER <div style="font-size: 1.2em; font-family: cursive;">Tracy G. Self</div>	DATE <div style="font-size: 1.2em; font-family: cursive;">20 Dec '01</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 202-894-1100

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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 checked="" type="checkbox"/>	First Class Mail	POSTMARKED <i>12-20-01</i>
<input type="checkbox"/>	Registered/Certified Mail	POSTMARKED (R/C)
<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>See</i>		<i>2-6-02</i>
PREPARER		DATE PREPARED