

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

CHRIS BELL U.S. CONGRESS COMMITTEE

ADDRESS (Home or street)

6524 SAN FELIPE PMB 441

(Check if address is changed)

HOUSTON

TX

77057

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

chris@chrisbellforcongress.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

http://www.chrisbellforcongress.com

COMMITTEE'S FAX NUMBER

7139787716

2. DATE

02 / 04 / 2004

3. FEC IDENTIFICATION NUMBER

C C00372045

4. IS THIS STATEMENT

X

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

Mr. Jay Kumar Aiyer

Signature of Treasurer

Electronically Filed by Mr. Jay Kumar Aiyer

Date

02 / 04 / 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

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 _____

Candidate Party Affiliation	DEM	Office Sought:	<input checked="" type="checkbox"/> House	<input type="checkbox"/> Senate	<input type="checkbox"/> President	State	TX
						District	9

- (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 A STATE A ZIP CODE A

Relationship _____

Type of Connected Organization:

- | | | |
|-------------------------|-------------------------------|--------------------|
| Corporation | Corporation w/o Capital Stock | Labor Organization |
| Membership Organization | Trade Association | Cooperative |

Write or Type Committee Name

CHRIS BELL U.S. CONGRESS COMMITTEE

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 Ms. Heidi Kirkpatrick Hedrick

Mailing Address 10709 Marsha Lane

Houston TX 77024 -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Chief Financial Offi Telephone number 713 - 978 - 7701

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 Mr. Jay Kumar Aiyer

Mailing Address 5414 Aspen

Houston TX 77081 -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number 713 - 269 - 0922

Full Name of Designated Agent Ms. Heidi Kirkpatrick Hedrick

Mailing Address 10709 Marsha Lane

Houston TX 77024 -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Chief Financial Offi Telephone number 713 - 978 - 7701

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.

Southwest Bank

Mailing Address

1075 Augusta

Houston

TX

77057 -

CITY Δ

STATE Δ

ZIP CODE Δ