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FEC
FORM 1

STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12F24M5

SHINE FOR CONGRESS

ADDRESS (number and street) P.O. BOX 793

(Check if address is changed)

TEMPLE TX 76593

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
hughds@shine@aol.com

COMMITTEE'S WEB PAGE ADDRESS (URL)
SHINEFORCONGRESS.COM

COMMITTEE'S FAX NUMBER
254-791-1005

2. DATE APR 19 2003

3. FEC IDENTIFICATION NUMBER C

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 LINDA SEGRAVES

Signature of Treasurer Linda Se Graves Date APR 19 2003

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.

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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

HUGH D. SHINE

Candidate Party Affiliation

REP

Office Sought

House

Senate

President

State

TX

District

11

- (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

SHINE FOR CONGRESS

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 HUGH D. SHINE

Mailing Address P O BOX 793

TEMPLE TX 76503

Title or Position CITY STATE ZIP CODE

CANDIDATE

Telephone number 254-791-1005

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 LINDA S GRAVES

Mailing Address 203 CENTENNIAL STREET

GARSVILLE TX 76528

Title or Position CITY STATE ZIP CODE

TREASURER

Telephone number 254-865-6178

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

g. 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.

MORGAN STANLEY

Mailing Address

1 NORTH MAIN

P.O. BOX 1600

TEMPLE TX 76503

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission

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