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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.

12FE4M5

WALLACE FOR CONGRESS

ADDRESS (number and street)

PO BOX 16278

(Check if address  
is changed)

SUGAR LAND

TX

77496

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

DAVID@WALLACEFORCONGRESS.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.WALLACEFORCONGRESS.COM

COMMITTEE'S FAX NUMBER

-

2. DATE

04 / 24 / 2006

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

Andrius R. Kontrimas

Signature of Treasurer

*Andrius R. Kontrimas*

Date

04 / 24 / 2006

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  
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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 DAVID WALLACE

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

NONE

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

WALLACE 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 WILLIAM HICKL

Mailing Address 318 LAKEGLEN CT

SUGAR LAND TX 77478

Title or Position CITY STATE ZIP CODE

SECRETARY Telephone number 713-407-3837

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 ANDRIUS R. KONTRIMAS

Mailing Address 23 ELLICOTT WAY

SUGAR LAND TX 77479

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 713-951-3308

Full Name of Designated Agent ROSEMARY MASCARENHAS

Mailing Address 4434 JAMAICA DR

SUGAR LAND TX 77479

Title or Position CITY STATE ZIP CODE

ASSISTANT TREASURER Telephone number 281-313-7700

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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.

SOUTHERN NATIONAL BANK

Mailing Address

14060 SOUTHWEST FREEWAY

SUGAR LAND TX 77478

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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Federal Election Commission  
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 The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*Jm D*  
 PREPARER  
 (3/2005)

5-1-06  
 DATE PREPARED

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