

**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

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

08 / 09 / 2007

3. FEC IDENTIFICATION NUMBER ►

C 12FE4M5

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 / 09 / 2007

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §497g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only				
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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 **Jim Squier**

Candidate Party Affiliation

REP

Office Sought:

House

Senate

President

State

TX
 22

District

- (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 Squler

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 Squler

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

27039504783

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 address line]

[Empty address line]

[Empty address line]

[Empty address line]

CITY ▲

STATE ▲

ZIP CODE ▲

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Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

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Delivery Confirmation™ Label	<input type="checkbox"/>

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