

FEC  
FORM 1

# STATEMENT OF ORGANIZATION

(See instructions)

RECEIVED  
FEC MAIL ROOM

0002 JAN 11 P 1:02

Office Use Only

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12PB4MS

Dub Maines For Congress

ADDRESS (number and street)

R. O. Box 640

(Check if address  
is changed)

Florence

TX

76527

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

Dubmaines@aol.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

01 05 2002

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

Joe M. Maines

Signature of Treasurer

Date

01 05 2002

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  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1

(Revised 1/01)

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: James Darrell Maines, Jr.

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

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 | Debra D. Speer |

Mailing Address | P. O. Box 5401 |  
 | |  
 | Florence | TX | 76527 |

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
 | Campaign Director | Telephone number | 214 | - | 212 | - | 5427 |

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 | Joe M. Maines |

Mailing Address | 3015 Oakwood Dr. |  
 | |  
 | Harker Heights | TX | 76548 |

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
 | Treasurer | Telephone number | 254 | - | 698 | - | 2394 |

Full Name of Designated Agent | Dorothy B. Maines |

Mailing Address | 9551 West FM 487 |  
 | |  
 | Florence | TX | 76527 |

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
 | Assistant Treasurer | Telephone number | 254 | - | 293 | - | 2598 |

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.

Union State Bank

Mailing Address

P. O. Box 600

Florence TX 76527

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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 1-9-02
<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 <hr/> and/or Date of Receipt
<input type="checkbox"/>	Electronic Filing	
<i>Sec</i> PREPARER		1-11-02 DATE PREPARED