

FEC
FORM 1STATEMENT 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

Campbell for Congress

ADDRESS (number and street)

1667 Creekside Dr

 (Check if address
is changed)

Sugar Land

TX

77487

COMMITTEE'S E-MAIL ADDRESS

CITY ▲

STATE ▲

ZIP CODE ▲

mikejanak@houston.rr.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.campbellcongress.com

COMMITTEE'S FAX NUMBER

2814941901

2. DATE

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	0	6

3. FEC IDENTIFICATION NUMBER

C C00418244

4. IS THIS STATEMENT NEW (N) 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

Bill Moore

Signature of Treasurer

Electronically Filed by Bill Moore

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	0	7

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100FEC 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

Thomas Arwell Campbell

Candidate Party Affiliation

Rep

Office Sought:

House

Senate

President

State
District**TX
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

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

Campbell 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

Michael Janak

Mailing Address

5203 Willow Cliff Lane**Sugar Land****TX****77479**

Title or Position ▼

CITY ▲**STATE▲****ZIP CODE ▲****Assistant Treasurer**Telephone number **713 927 4909**

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**Bill Moore**

Mailing Address

4807 Yorkshire Street**Sugar Land****TX****77479**

Title or Position ▼

CITY ▲**STATE▲****ZIP CODE ▲****Treasurer**Telephone number **832 875 5111**Full Name of
Designated
Agent

Mailing Address

Title or Position ▼

CITY ▲**STATE▲****ZIP CODE ▲**

Telephone number

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 

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.

[ADDITIONAL]

Bank of America
700 Louisiana Street
Houston TX 77002

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Designated Agent

[ADDITIONAL]

Full Name

Mailing Address

Title or Position ▼

CITY ▲

STATE▲

ZIP CODE ▲

Telephone number
