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FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (to full) (Check if name is changed) Example: If typing, type over the lines. 12FB4M5

BARTLETT FOR CONGRESS

ADDRESS (number and street) P.O. BOX 5097

(Check if address is changed)

MIDLAND TX 79704

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE@VOTEBARTLETT2003.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.VOTEBARTLETT2003.COM

COMMITTEE'S FAX NUMBER

915-558-3419

2. DATE 04 15 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 CARL D'AGOSTINO

Signature of Treasurer [Signature] Date 04 15 2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

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)

6. 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 RICHARD PAUL BARTLETT

Candidate Party Affiliation REP Office Sought:  House  Senate  President State TX District 19

- (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.

7. Name of Any Connected Organization or Affiliated Committee

NONE

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship \_\_\_\_\_

Type of Connected Organization:

- Corporation
- Membership Organization
- Corporation w/o Capital Stock
- Trade Association
- Labor Organization
- Cooperative

Write or Type Committee Name

BARTLETT 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 DIEANNA GONZALES

Mailing Address 3917 E 30TH STREET

ODESSA TX 79762

Title or Position CITY STATE ZIP CODE

CUSTODIAN OF RECORDS Telephone number 915-552-7152

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 CARL D'AGOSTINO

Mailing Address 4900 ISLAND DR

MIDLAND TX 79707

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 915-522-2611

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.

TEX STAR

Mailing Address

5312 W WADLEY AVE

MIDLAND

TX

79707-

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.

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