

FEC FORM 1

STATEMENT OF ORGANIZATION

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Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

COMMITTEE TO ELECT ROGER WAUN

ADDRESS (number and street)

ONE SURREY CIRCLE

(Check if address is changed)

WICHITA FALLS

TX

76309

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

ROGER@ROGERWAUN.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

ROGERWAUN.COM

COMMITTEE'S FAX NUMBER

940-692-0336

2. DATE

12 / 23 / 2007

3. FEC IDENTIFICATION NUMBER ▶

CH6TX13100

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

Kelly Mestas

Signature of Treasurer

Kelly Mestas

Date

12 / 23 / 2007

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 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 ROGER JAMES WAUN

Candidate Party Affiliation DEM Office Sought: House Senate President State TX District 13

- (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

COMMITTEE TO ELECT ROGER WAUN

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 VICKI N. WAUN

Mailing Address ONE SURREY CIRCLE

WICHITA FALLS TX 76309

Title or Position CITY STATE ZIP CODE

CUSTODIAN OF RECORDS Telephone number 940-692-0336

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 Kelly A. Mestas

Mailing Address 5235 KINGSTON DR

Wichita Falls TX 76319

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 940-709-3252

Full Name of Designated Agent BALINDA DEAN WILSON

Mailing Address 12406 ROBERTS

WICHITA FALLS TX 76301

Title or Position CITY STATE ZIP CODE

ASSISTANT TREASURER Telephone number 940-613-0968

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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.

FIRST BANK

Mailing Address

4110 KELL BLVD

W

WICHITA FALLS

TX

76309-4719

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

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No Postmark

Overnight Delivery Service (Specify): Shipping Date

Next Business Day Delivery

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Other (Specify): Date of Receipt or Postmarked

EW

1/2/08

PREPARER
(3/2005)

DATE PREPARED

28039580848