

FEC
FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

2017 NOV 30 AM 9:13

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

T h o m a s , D i l l i n g h a m f o r S e n a t e

ADDRESS (number and street)

6 6 5 1 W a t a u g a R d S T E 1 0 3

(Check if address
is changed)

P O B o x 4 8 8 3 9

W a t a u g a T X 7 6 1 4 8 - 3 3 6 0

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address
is changed)

F I N A N C E @ T H O M A S D I L L I N G H A M . O R G

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

T H O M A S D I L L I N G H A M . O R G

2. DATE

1 1 2 7 2 0 1 7

3. FEC IDENTIFICATION NUMBER ►

C

4. IS THIS STATEMENT

NEW (N)

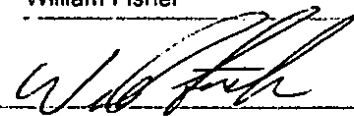
OR

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 William Fisher

Signature of Treasurer



Date

1 1 2 7 2 0 1 7

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.
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 06/2012)

5. TYPE OF COMMITTEE

Candidate Committee:

- (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

T H O M A S D I L L I N G H A M

Candidate
Party Affiliation

R E P

Office
Sought:

House

☒

Senate

President

State

T X

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate**Party Committee:**

- (d) ☐ This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C
2. _____ FEC ID number C
3. _____ FEC ID number C
4. _____ FEC ID number C

201711300200309975

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

S E C R E T A R Y

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

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

T R E A S U R E R

Telephone number

201711300200309976

Full Name of
Designated
Agent

D A V I D L A M B E T H

Mailing Address

6 6 5 1 W a t a u g a R d . S T E 1 0 3

P O B o x 4 8 8 3 9

W a t a u g a

CITY

T X

STATE

7 6 1 4 8 - 3 3 6 0

ZIP CODE

Title or Position

A S S T . T R E A S U R E R

Telephone number

8 1 7 - 6 7 8 - 5 1 2 0

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.

C I T I Z E N S N A T I O N A L B A N K O F T E X A S

Mailing Address

2 0 0 N O R T H E L M S T

W A X A H A C H I E

CITY

T X

STATE

7 5 1 6 5 -

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

201711300200300077

5(g) or (h). Joint Fundraising Participant:

1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐ Connected Organization
 ☐ Affiliated Committee
 ☐ Joint Fundraising Representative
 ☐ Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number – optional)

Full Name

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.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

Date of Receipt _____

USPS FIRST CLASS MAIL _____
Date of Receipt _____

Date of Receipt

Postmark

USPS REGISTERED/CERTIFIED _____
Postmark _____

Postmark

USPS PRIORITY MAIL 11/2/11

Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL ☐

USPS EXPRESS MAIL _____
Postmark

Postmark

OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS _____

☐

UPS _____

11

DHL _____

1

AIRBORNE EXPRESS _____ ☐

11

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

Date of Receipt _____

POSTMARK ILLEGIBLE ☐

NO POSTMARK ☐

FAX _____
Date of Receipt _____

Date of Receipt

OTHER _____
Date of Receipt or Postmark

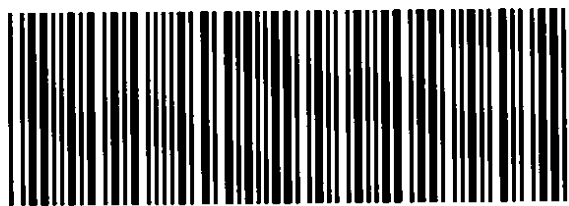
Date of Receipt or Postmark

PREPARER GN DATE PREPARED 11/30/17

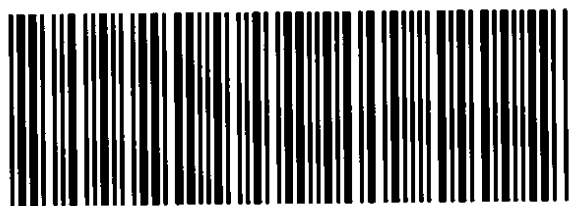
DATE PREPARED

4/04/16

CONFIDENTIAL



SEN PATCH



SEN PATCH

201711300200389881