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2003 JUL 30 A 10 22

FEC
FORM 1

STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example of typing, type over the lines. 12PB4MS

EQUITABLE IMMIGRATION

ADDRESS (number and street) 3818 SCHO BROOK LANE

(Check if address is changed)

DALLAS TX 75229

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S TAX NUMBER

2. DATE

3. FEC IDENTIFICATION NUMBER

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 Leigh Walter Martin

Signature of Treasurer Leigh Walter Martin Date 07 04 2003

NOTE: Submission of false, incorrect, or incomplete information may subject the person signing the Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

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 _____

Candidate Party Affiliation _____ Office Sought: _____ House _____ Senate _____ President _____ State _____ District _____

- (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

NONE _____

Streeting Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship: _____

Type of Connected Organization:

- Corporation
- Corporation with 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 | L E I G H W A L T E R M A R T I N

Mailing Address | 3 8 1 8 E C H O B R O O K L A N E

| D A L L A S | T X | 7 5 2 2 9 |

Title or Position CITY STATE ZIP CODE

T R E A S U R E R Telephone number (2 1 4) - (3 6 6) - (1 5 5 5)

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 | L E I G H W A L T E R M A R T I N

Mailing Address | 3 8 1 8 E C H O B R O O K L A N E

| D A L L A S | T X | 7 5 2 2 9 |

Title or Position CITY STATE ZIP CODE

Telephone number (2 1 4) - (3 6 6) - (1 5 5 5)

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

8. 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.

BANK ONE

Mailing Address

BANK ONE, N.A.

DALLAS TX 75201

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

