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FEC FORM 1 — STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

WEST GULF MARITIME ASSOCIATION PAC

ADDRESS (number and street) 1717 EASTLOOP, SUITE 200

☐ (Check if address is changed)

HOUSTON TX 77029

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER
713 - 672 - 7452

2. DATE 07 / 10 / 2006

3. FEC IDENTIFICATION NUMBER ▶ C 00297671

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 WALTER A. NIEMAND

Signature of Treasurer _____ Date 07 / 10 / 2006

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

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

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
WEST GULF MARITIME ASSOCIATION PAC

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: WALTER A. NIEMAND
Mailing Address: 1717 EAST LOOP, SUITE 200
HOUSTON TX 77029

Title or Position ▼: TREASURER
CITY ▲ STATE ▲ ZIP CODE ▲
Telephone number: 713-678-7655

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: WALTER A. NIEMAND
Mailing Address: 1717 EAST LOOP, SUITE 200
HOUSTON TX 77029

Title or Position ▼: TREASURER
CITY ▲ STATE ▲ ZIP CODE ▲
Telephone number: 713-678-7655

Full Name of Designated Agent:
Mailing Address:

Title or Position ▼
CITY ▲ STATE ▲ ZIP CODE ▲
Telephone number: -

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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.

JPMORGAN CHASE BANK, N.A.

Mailing Address P.O. BOX 260180

BATON ROUGE LA 70826-0180

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

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Federal Election Commission
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The FEC added this page to the end of this filing to indicate how it was received.

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Next Business Day Delivery ☐	
☐ Received from House Records & Registration Office	Date of Receipt
☐ Received from Senate Public Records Office	Date of Receipt
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☐ Other (Specify):	Date of Receipt or Postmarked
PREPARER	7/16/06 DATE PREPARED

(3/2005)

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