FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See instructio		Office use only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5
ALAMO PAC			
ADDRESS (number and street	919 CONGRESS AVE	E SUITE 1400	
X (Check if address is changed)	AUSTIN		TX 78701 -
		CITY	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAIL A		<u> </u>	
<u> </u>			
COMMITTEE'S WEB PA	GE ADDRESS (URL)		
COMMITTEE'S FAX NUM	MBER		
حبا لبنا			
2. DATE 0,1	7 2 8 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
3. FEC IDENTIFICATION	ON NUMBER	C C00387464	
4. IS THIS STATEMEN	IT NEW (N) OR	X AMENDED (A)	
I certify that I have examined	d this Statement and to the best of my kno	wledge and belief it is true, correct and	d complete
Type or Print Name of Tre	easurer Kerry Cammack		
Signature of Treasurer	Electronically Filed by Kerry Can	nmack	Date 01 / 28 / YYYYY
NOTE: Submission of false,	erroneous, or incomplete information may	y subject the person signing this State	•
Office Use Only FE3AN042.PDF		For further information c Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	

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5.	TYPE OF CO	MMITTEE (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 information below.)	the candidate
	Name of Candidate		
	Candidate Party Affiliatio	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) X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee.	ed fund or party
6.		Connected Organization or Affiliated Committee	
L			
	Mailing Addre	PO BOX 75103	
		WASHINGTON DC	20013
		CITY▲ STATE ▲	ZIP CODE
	Relationship	JF Participant	
	Type of Conn	ected Organization:	
	Corp	oration Corporation w/o Capital Stock Labor Organ	nization
	X Mem	nbership Organization Trade Association Cooperative	

FEC Form 1 (Revised 02/2003)

Write or Type Committee Name			
ALAMO PAC			
 Custodian of Records: Ident possession of Committee bo 	ify by name, address, (phone number boks and records.	er optional), and position of th	ne person in
Full Name Kerry Ca	mmack		
Mailing Address _	919 Congress Ave., Sui	ite 1400	
-	Austin		78701
Title or Position ▼	CITY &	STATE ▲	ZIP CODE A
Treasurer		Telephone number	
3. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; a name and address of any designated agent (e.g., assistant treasurer).			ittee; and the
Full Name of Treasurer Kerry Cammack			
Mailing Address _	919 Congress Ave., Sui	ite 1400	
- -	Austin		78701
Title or Position ♥	CITY A	STATE	ZIP CODE A
Treasurer		Telephone number	472 9919
Full Name of Designated Agent			
Mailing Address _			
-			
Title or Position ▼	CITY A	STATE A	ZIP CODE A
		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 f	unds.

Name of Bank, Depository, etc.

	Bank of America, N.A.		
Mailing Address	P.O. Box 25118		
	Tampa	FL FL	33622 _ 5118
	CITY 🗖	STATE △	ZIP CODE 🛕
Name of Bank, Dep	pository, etc.		
	Wachovia Bank		
Mailing Address	1753 Pinnacle Drive		
	3rd Floor		
	McLean	VA	22102