

# NOTIFICATION OF MULTICANDIDATE STATUS

02/10/2005 15:17

(See reverse side for instructions.)

This form should be filed after the Committee qualifies as a multicandidate committee.

|   |  |   |
|---|--|---|
| 1. (a) NAME OF COMMITTEE IN FULL<br>Stand Tall America PAC (STAPAC) |  | 2. FEC IDENTIFICATION NUMBER<br>C00404418   |
| (b) Number and Street Address<br>Post Office Box 2382               |  |   |
| (c) City, State and ZIP Code<br>Amarillo TX 79105-2382              |  |   |
|   |  | 3. TYPE OF COMMITTEE (check one)<br><input type="checkbox"/> STATE PARTY<br><input checked="" type="checkbox"/> OTHER |

I certify that **one** of the following situations is correct (complete line 4 or 5):

- 4. STATUS BY AFFILIATION:** The committee submitted its Statement of Organization (FEC FORM 1) on \_\_\_\_\_ and simultaneously qualified as a multicandidate committee through its affiliation with:

Committee Name: \_\_\_\_\_

FEC Identification Number: \_\_\_\_\_

**5. STATUS BY QUALIFICATION:**

- (a) **candidates:** The committee has made contributions to the five (5) federal candidates listed below (ONLY state party committees may leave this blank.):

|       | Name                        | Office Sought | State/District | Date       |
|-------|-----------------------------|---------------|----------------|------------|
| (i)   | CHARLIE DENT FOR CONGRESS   | House         | PA 15          | 09/24/2004 |
| (ii)  | RICHARD BURR                | Senate        | NC 00          | 09/24/2004 |
| (iii) | DAVE REICHERT               | House         | WA 08          | 09/24/2004 |
| (iv)  | DEMINT FOR SENATE COMMITTEE | Senate        | SC 00          | 09/24/2004 |
| (v)   | GEOFFREY C DAMS             | House         | KY 04          | 09/24/2004 |

- (b) **Contributors:** The committee received a contribution from its 51st contributor on: \_\_\_\_\_ 09/20/2004

- (c) **Registration:** The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: 07/30/2004

- (d) **Qualification:** The committee met the above requirements on: 02/01/2005

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 | SIGNATURE OF TREASURER                       | DATE       |
|---------------------------------|--|------------|
| Samuel B Lovelady               | Electronically Filed by<br>Samuel B Lovelady | 02/10/2005 |

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.