# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

| 1. (a) NAME OF COMMITTEE IN FULL ☐ (Check if name is changed) | 2. DATE |
|---|---|
| Texas Freedom Fund | 12/8/98 |
| (b) Number and Street Address ☐ (Check if address is changed) | 3. FEC Identification Number |
| P.O. Box 6136 | C00340661 |
| (c) City, State and ZIP Code | 4. Is This Report An Amendment? ☒ YES ☐ NO |
| Alexandria, VA 22306 | |

RECEIVED FEDERAL ELECTION COMMISSION MAIL ROOM DEC 10 1 42 PM '98

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 | State/District |
|---|---|---|---|
| | | | |

☐ (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)

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

☐ (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 a party committee.

| 6. Name of Any Connected Organization or Affiliated Committee | Mailing Address and ZIP Code | Relationship |
|---|---|---|
| none | | |

Type of Connected Organization
☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization ☐ Membership Organization ☐ Trade Association ☐ Cooperative

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 |
|---|---|---|
| Jeffrey M. MacKinnon | P.O. Box 6136 Alexandria, VA 22306 | Treasurer |

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 | Mailing Address | Title or Position |
|---|---|---|
| Jeffrey M. MacKinnon | P.O. Box 6136 Alexandria, VA 22306 | Treasurer |
| Cathy Gillespie | P.O.Box 6136 Alexandria, VA 22306 | Asst. Treasurer |

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 and ZIP Code |
|---|---|
| First Virginia Bank | 7960 Fort Hunt Road<br>Alexandria, VA 22308-1292 |

*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 |
|---|---|---|
| Jeffrey M. MacKinnon | [signature] | 12/8/98 |

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.

For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202-219-3420

FE6AN053

**FEC FORM 1**
(revised 4/87)