

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

RECEIVED  
FEC MAIL CENTER  
2008 MAY 20 AM 8:09

Office Use Only

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

Momentum PAC

ADDRESS (number and street) 1400 Graham Dr. Ste B605

(Check if address is changed)

Tomball TX 77375-1403

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS  
momentumpac@sbcglobal.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT X 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 Wendy Lewis

Signature of Treasurer Wendy Lewis Date 05 15 2008

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 12/2007)

28039731997

5. TYPE OF COMMITTEE

Candidate Committee:

- (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 \_\_\_\_\_

Party Committee:

- (d)  This committee is a \_\_\_\_\_ (National, State or subordinate) committee of the \_\_\_\_\_ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 

|  |  |   |
|--|--|---|
| <input type="checkbox"/> Corporation             | <input type="checkbox"/> Corporation w/o Capital Stock | <input type="checkbox"/> Labor Organization |
| <input type="checkbox"/> Membership Organization | <input type="checkbox"/> Trade Association             | <input type="checkbox"/> Cooperative        |
- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. \_\_\_\_\_ FEC ID number C
2. \_\_\_\_\_ FEC ID number C
3. \_\_\_\_\_ FEC ID number C
4. \_\_\_\_\_ FEC ID number C
5. \_\_\_\_\_ FEC ID number C

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Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundraising Representative

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship:

Connected Organization

Affiliated Committee

Leadership PAC Sponsor

Joint Fundraising Representative

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

Wendy Lewis

Mailing Address

5339 Fairgreen Ln.

Houston

TX

77048-1277

CITY

STATE

ZIP CODE

Title or Position

Treasurer

Telephone number

832-489-0573

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

Wendy Lewis

Mailing Address

5339 Fairgreen Ln.

Houston

TX

77048-1277

CITY

STATE

ZIP CODE

Title or Position

Treasurer

Telephone number

832-489-0573

28039731999

Full Name of Designated Agent

Apollo Woods

Mailing Address

4361 Wheeler St.

Houston

CITY

TX

STATE

77004

ZIP CODE

Title or Position

Chairperson

Telephone number

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.

Bank of America

Mailing Address

3704 Old Spanish Trail

Houston

CITY

TX

STATE

77021

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

28039732000

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

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|--|---------------------------------|
| <input type="checkbox"/> Hand Delivered  | Date of Receipt                 |
| <input checked="" type="checkbox"/> USPS First Class Mail                        | Postmarked<br><i>5/15/08</i>    |
| <input type="checkbox"/> USPS Registered/Certified                               | Postmarked (R/C)                |
| <input type="checkbox"/> USPS Priority Mail                                      | Postmarked                      |
| Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/> |                                 |
| <input type="checkbox"/> USPS Express Mail                                       | Postmarked                      |
| <input type="checkbox"/> Postmark Illegible                                      |                                 |
| <input type="checkbox"/> No Postmark   |                                 |
| <input type="checkbox"/> Overnight Delivery Service (Specify):                   | Shipping Date                   |
| Next Business Day Delivery <input type="checkbox"/>                              |                                 |
| <input type="checkbox"/> Received from House Records & Registration Office       | Date of Receipt                 |
| <input type="checkbox"/> Received from Senate Public Records Office              | Date of Receipt                 |
| <input type="checkbox"/> Received from Electronic Filing Office                  | Date of Receipt                 |
| <input type="checkbox"/> Other (Specify):  | Date of Receipt or Postmarked   |
| <i>Jms</i><br>PREPARER   | <i>5/20/08</i><br>DATE PREPARED |