

# 48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |                                                             |                                                                                                                                                                |                                                                                           |                          |                           |                                                                                                                                                                |                                              |                          |                                                         |  |  |                                     |  |  |                       |                    |                               |                   |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|--------------------------|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--------------------------|---------------------------------------------------------|--|--|-------------------------------------|--|--|-----------------------|--------------------|-------------------------------|-------------------|--|--|
| <b>1. NAME OF COMMITTEE IN FULL</b><br>Keep Al Green In Congress                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                                                             |                                                                                                                                                                |                                                                                           |                          |                           |                                                                                                                                                                |                                              |                          |                                                         |  |  |                                     |  |  |                       |                    |                               |                   |  |  |
| <b>ADDRESS</b> (number and street) PO Box 56761                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |                                                             |                                                                                                                                                                |                                                                                           |                          |                           |                                                                                                                                                                |                                              |                          |                                                         |  |  |                                     |  |  |                       |                    |                               |                   |  |  |
| <b>CITY</b><br>Houston                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>STATE</b><br>TX | <b>ZIP CODE</b><br>77256                                    |                                                                                                                                                                |                                                                                           |                          |                           |                                                                                                                                                                |                                              |                          |                                                         |  |  |                                     |  |  |                       |                    |                               |                   |  |  |
| <b>2. NAME OF CANDIDATE</b><br>Green, Alexander, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    | <b>3. OFFICE SOUGHT</b> (State and District)<br>House TX 09 |                                                                                                                                                                |                                                                                           |                          |                           |                                                                                                                                                                |                                              |                          |                                                         |  |  |                                     |  |  |                       |                    |                               |                   |  |  |
| <b>4. FEC IDENTIFICATION NUMBER</b><br>C00578567                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                                                             |                                                                                                                                                                |                                                                                           |                          |                           |                                                                                                                                                                |                                              |                          |                                                         |  |  |                                     |  |  |                       |                    |                               |                   |  |  |
| <b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                                                             |                                                                                                                                                                |                                                                                           |                          |                           |                                                                                                                                                                |                                              |                          |                                                         |  |  |                                     |  |  |                       |                    |                               |                   |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;"> <b>A. FULL NAME</b><br/>INDEPENDENT BANKERS ASSOCIATION OF TEXAS FEDERAL PAC (IBAT FEDPAC)         </td> <td style="padding: 5px;"> <b>Name of Employer</b> </td> <td style="padding: 5px;"> <b>Date (month, day, year)</b><br/>10/20/2022         </td> <td style="padding: 5px;"> <b>Amount</b><br/>1000.00         </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> <b>MAILING ADDRESS</b><br/>1700 Rio Grande St<br/>Ste 100         </td> <td colspan="3" style="padding: 5px;"> <b>Transaction ID : VVBMWXNTF81</b> </td> </tr> <tr> <td style="padding: 5px;"> <b>CITY</b><br/>Austin         </td> <td style="padding: 5px;"> <b>STATE</b><br/>TX         </td> <td style="padding: 5px;"> <b>ZIP CODE</b><br/>78701-1683         </td> <td colspan="3" style="padding: 5px;"> <b>Occupation</b> </td> </tr> </table> |                    |                                                             |                                                                                                                                                                | <b>A. FULL NAME</b><br>INDEPENDENT BANKERS ASSOCIATION OF TEXAS FEDERAL PAC (IBAT FEDPAC) |                          |                           | <b>Name of Employer</b>                                                                                                                                        | <b>Date (month, day, year)</b><br>10/20/2022 | <b>Amount</b><br>1000.00 | <b>MAILING ADDRESS</b><br>1700 Rio Grande St<br>Ste 100 |  |  | <b>Transaction ID : VVBMWXNTF81</b> |  |  | <b>CITY</b><br>Austin | <b>STATE</b><br>TX | <b>ZIP CODE</b><br>78701-1683 | <b>Occupation</b> |  |  |
| <b>A. FULL NAME</b><br>INDEPENDENT BANKERS ASSOCIATION OF TEXAS FEDERAL PAC (IBAT FEDPAC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |                                                             | <b>Name of Employer</b>                                                                                                                                        | <b>Date (month, day, year)</b><br>10/20/2022                                              | <b>Amount</b><br>1000.00 |                           |                                                                                                                                                                |                                              |                          |                                                         |  |  |                                     |  |  |                       |                    |                               |                   |  |  |
| <b>MAILING ADDRESS</b><br>1700 Rio Grande St<br>Ste 100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |                                                             | <b>Transaction ID : VVBMWXNTF81</b>                                                                                                                            |                                                                                           |                          |                           |                                                                                                                                                                |                                              |                          |                                                         |  |  |                                     |  |  |                       |                    |                               |                   |  |  |
| <b>CITY</b><br>Austin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>STATE</b><br>TX | <b>ZIP CODE</b><br>78701-1683                               | <b>Occupation</b>                                                                                                                                              |                                                                                           |                          |                           |                                                                                                                                                                |                                              |                          |                                                         |  |  |                                     |  |  |                       |                    |                               |                   |  |  |
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| <b>B. FULL NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                                                             | <b>Name of Employer</b>                                                                                                                                        | <b>Date (month, day, year)</b>                                                            | <b>Amount</b>            |                           |                                                                                                                                                                |                                              |                          |                                                         |  |  |                                     |  |  |                       |                    |                               |                   |  |  |
| <b>MAILING ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                                                             |                                                                                                                                                                |                                                                                           |                          |                           |                                                                                                                                                                |                                              |                          |                                                         |  |  |                                     |  |  |                       |                    |                               |                   |  |  |
| <b>CITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>STATE</b>       | <b>ZIP CODE</b>                                             | <b>Occupation</b>                                                                                                                                              |                                                                                           |                          |                           |                                                                                                                                                                |                                              |                          |                                                         |  |  |                                     |  |  |                       |                    |                               |                   |  |  |
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| <b>C. FULL NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                                                             | <b>Name of Employer</b>                                                                                                                                        | <b>Date (month, day, year)</b>                                                            | <b>Amount</b>            |                           |                                                                                                                                                                |                                              |                          |                                                         |  |  |                                     |  |  |                       |                    |                               |                   |  |  |
| <b>MAILING ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                                                             |                                                                                                                                                                |                                                                                           |                          |                           |                                                                                                                                                                |                                              |                          |                                                         |  |  |                                     |  |  |                       |                    |                               |                   |  |  |
| <b>CITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>STATE</b>       | <b>ZIP CODE</b>                                             | <b>Occupation</b>                                                                                                                                              |                                                                                           |                          |                           |                                                                                                                                                                |                                              |                          |                                                         |  |  |                                     |  |  |                       |                    |                               |                   |  |  |
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| <b>D. FULL NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                                                             | <b>Name of Employer</b>                                                                                                                                        | <b>Date (month, day, year)</b>                                                            | <b>Amount</b>            |                           |                                                                                                                                                                |                                              |                          |                                                         |  |  |                                     |  |  |                       |                    |                               |                   |  |  |
| <b>MAILING ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                                                             |                                                                                                                                                                |                                                                                           |                          |                           |                                                                                                                                                                |                                              |                          |                                                         |  |  |                                     |  |  |                       |                    |                               |                   |  |  |
| <b>CITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>STATE</b>       | <b>ZIP CODE</b>                                             | <b>Occupation</b>                                                                                                                                              |                                                                                           |                          |                           |                                                                                                                                                                |                                              |                          |                                                         |  |  |                                     |  |  |                       |                    |                               |                   |  |  |
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| <b>E. FULL NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                                                             | <b>Name of Employer</b>                                                                                                                                        | <b>Date (month, day, year)</b>                                                            | <b>Amount</b>            |                           |                                                                                                                                                                |                                              |                          |                                                         |  |  |                                     |  |  |                       |                    |                               |                   |  |  |
| <b>MAILING ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                                                             |                                                                                                                                                                |                                                                                           |                          |                           |                                                                                                                                                                |                                              |                          |                                                         |  |  |                                     |  |  |                       |                    |                               |                   |  |  |
| <b>CITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>STATE</b>       | <b>ZIP CODE</b>                                             | <b>Occupation</b>                                                                                                                                              |                                                                                           |                          |                           |                                                                                                                                                                |                                              |                          |                                                         |  |  |                                     |  |  |                       |                    |                               |                   |  |  |
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| <b>SIGNATURE (optional)</b><br>Lawson, William, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    | <b>DATE</b><br>10/21/2022                                   | <b>For further information contact:</b><br>Federal Election Commission<br>999 E Street, NW, Washington, DC 20463<br>Toll Free 800-424-9530, Local 202-694-1100 |                                                                                           |                          |                           |                                                                                                                                                                |                                              |                          |                                                         |  |  |                                     |  |  |                       |                    |                               |                   |  |  |
| <b>[Electronically Filed]</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                                                             |                                                                                                                                                                |                                                                                           |                          |                           |                                                                                                                                                                |                                              |                          |                                                         |  |  |                                     |  |  |                       |                    |                               |                   |  |  |

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**FEC FORM 6**  
(Revised 03/2016)