July 7, 2008

2008 JUL - 8 AM 9: 39

777 Main Street

Fort Worth, Texas 76102

817.420.8200 *office* 817.420.8201 *fax* winstead.com

direct dial: 817.420.8225 jhoover@winstead.com

Via Federal Express

Federal Election Commission 999 E Street, N.W. Washington, DC 20463

Re:

Initial Filing of FEC FORM 1

Dear Sir/Madam:

On behalf of our client, WellMed Medical Management, Inc., we hereby submit for filing the Statement of Organization for the WellMed Medical Management, Inc. Federal Political Action Committee. Please contact the undersigned if any additional information is required.

We appreciate your assistance in this matter.

Best regards,

Enclosure

cc: Bryan D. Grundhofer

Joe Zimmerman Richard Manning Joann Comer

Philip D. Freeman (of the firm)

5238813v.1 46707/1

RECEIVED FEC MAIL CENTER

2008 JUL -8 AM 9: 39

| FEC FORM 1 | | STATEME ORGANIZ | | | Office Use Only | | |
|---|----------------|----------------------------|--|--------|---------------------------------|--|--|
| 1. NAME OF COMMITTEE (In | fult) | (Check if name is changed) | Example: If typing, type over the lines. | 12FE4 | formilmeritantelogasi | | |
| WellMed Medical Management. Inc. Federal Political Action Committee: | | | | | | | |
| ADDRESS (number ar | nd street) [86 | 637 Fredericks | 360 hurg Rd4, Ste., 400 | الملطب | | | |
| [편집] (Check If ad | Idress L | | | | | | |
| is changed) | S | San Antonio | | | 78240 | | |
| COMMITTEE'S E-MA | u ADDDEGG | | СПҮ | STATE | ZIP CODE | | |
| jzimmerman@ | | e t | | | | | |
| jcomer@wells | ed.net | | | | | | |
| COMMITTEE'S WEB | PAGE ADDRES | S (URL) | | | | | |
| | | | | 1111 | | | |
| سسسا | · . | | <u> </u> | | | | |
| COMMITTEE'S FAX NUMBER 210 - 641 - 7887 | | | | | | | |
| 2. DATE | 2 63 | 2008 | | | | | |
| 3. FEC IDENTIFIC | ATION NUMBE | R C | | | | | |
| 4. IS THIS STATEM | ENT 🖺 | 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 Bryan D. Grundhofer | | | | | | | |
| Signature of Treesurer Bush Date 07 63 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 FESAN042-POF | | | For further information con Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100 | | FEC FORM 1 (Revised 12/2007) | | |

| | FEC I | Form 1 (Revised 12/2007) | Page 2 | | | | |
|-----------------------------------|--|--|-----------------------------|--|--|--|--|
| _ | | COMMITTEE | | | | | |
| | Por | ite Committee: | | | | | |
| (B) | 944 244 | The carried to a principal carry and the carry and the carry | | | | | |
| (b) | - | This committee is an authorized committee, and is NOT a principal campaign committee. (Complete ti information below.) | ne candidate | | | | |
| | me of Indidate | (| لتستيا | | | | |
| | indidate rty Affilia | ation Sought: House Senate President | ale index | | | | |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | | | | | |
| | me of ndidate | | | | | | |
| Pa | rty Co | mmittee: | | | | | |
| (d) | | This committee is a constitute of the Republication | ratic, can, etc.) Party. | | | | |
| Po | -784 | Action Committee (PAC): | | | | | |
| (e) | I | This committee is a separate segregated fund. (Identify connected organization on line 6.) its connected | organization is a: | | | | |
| | | Corporation Corporation w/o Capital Stock Labor | Organization | | | | |
| | | Membership Organization Trade Association Coope | Prative | | | | |
| (1) | | This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee) | d fund or party | | | | |
| | | In addition, this committee is a Leadership PAC. (Identity sponsor on line 8.) | | | | | |
| Joint Fundraising Representative: | | | | | | | |
| (g) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or mo committees/organizations, at least one of which is an authorized committee of a federal candidate. | re political | | | | |
| (h) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or mo committees/organizations, none of which is an authorized committee of a federal candidate. | re political | | | | |
| | Committees Participating in Joint Fundraiser | | | | | | |
| | 1. | FEC ID number C | | | | | |
| | 2. | FEC ID number C | and could be a liberary | | | | |
| | 3. | FEC ID number C | | | | | |
| | 4. | FEC ID number C | | | | | |
| | 5. | FEC ID number C | | | | | |

| FEC Form 1 (Revised 12/2007) | Page 3 | | | | | |
|--|---------------------|--|--|--|--|--|
| Write or Type Committee Name | | | | | | |
| WellMed Medical Management, Inc. Federal Political Action Committee | | | | | | |
| 6. Name of Any Connected Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundralsing | Representative | | | | | |
| [[] [] [] [] [] [] [] [] [] [| | | | | | |
| WellMed Medical Management, Enc. | 11111 | | | | | |
| 360 | | | | | | |
| Mailing Address 8537 Ftedericksburg Rd., Std. 490 | | | | | | |
| | | | | | | |
| San Antohib | لــــا-لـــ | | | | | |
| | IP CODE | | | | | |
| Relationship: | . Dougo de atelias | | | | | |
| Connected Organization Affiliated Committee Leadership PAC Sponsor Joint Fundraising | Hepresentative | | | | | |
| Custodian of Records: Identify by name, address (phone number - optional) and position of the person in posses books and records. | assion of committee | | | | | |
| Full Name Treasurer | لتبيين | | | | | |
| Mailing Address | لتبيينا | | | | | |
| <u> </u> | | | | | | |
| · | لىسا-لى | | | | | |
| CITY STATE ZI | PCODE | | | | | |
| | | | | | | |
| Telephone number | لىلىلىل، الىلىل | | | | | |
| Treasurer: List the name and address (phone number — optional) of the treasurer of the committee; and the name any designated agent (e.g., assistant treasurer). | and address of | | | | | |
| Full Name of Treasurer Bryan, D. Grundhofer, | ليبييا | | | | | |
| Mailing Address [8637 Fredericksburg Rd , , Ste . 996] | لبيب | | | | | |
| | لبيب | | | | | |
| San Antonio 78240 | لـــــا-لــ | | | | | |
| CITY STATE ZIF | 4728 | | | | | |
| Treasurer Telephone number 210 -617 | 4278 | | | | | |
| | · 1 | | | | | |

| FEC Form | 1 (Revised 12/2007) | | Page 4 |
|-------------------------------------|--|---|------------------------------|
| | | | |
| Full Name of Designated Agent | See, Attached | | |
| Mailing Address | | | |
| · | | | ليبيبي |
| | СПУ | STATE | ZIP CODE |
| Title or Position | | elephone number | |
| | · | achinia idilica | المستحصا المسلمانيا المجالي |
| | epositories: List ali banks or other depositories in which as or maintains funds. pository, etc. | h the committee deposits | funds, holds accounts, rents |
| L | Bank of America, N.A. | | |
| Mailing Address | 901 Main St. | 111111 | ليبييي |
| | रूपीत्रका । । । । । । । । । । । । । । । । । । | | |
| | [Dailas] | <u> </u> | <u> 75202</u> |
| | СПУ | STATE | ZIP CODE |
| Name of Bank, De | oository, etc. | | |
| Ĺ | | | |
| Malling Address | | - - - - - - - - - | |
| | <u> </u> | | |
| | | ليا ليب | لــــا-لـــــا |
| | CITY | · STATE | ZIP CODE |
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ATTACHMENT TO FEC FORM 1

WellMed Medical Management, Inc. Federal Political Action Committee

Line 8, Page 4

Assistant Treasurers:

Joe Zimmerman 8637 Fredericksburg Rd., Ste. 400 San Antonio, Texas 78240 (210) 617-4741

Richard Manning 8637 Fredericksburg Rd., Ste. 400 San Antonio, Texas 78240 (210) 617-4016

Joann Comer 8637 Fredericksburg Rd., Ste. 400 San Antonio, Texas 78240 (210) 617-4733

(3/2005)

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. Date of Receipt **Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): Feel Eye **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):