Image# 12940761437

Only

PAGE 1 / 4

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) Secure America's Majority PAC (SAM-PAC) P.O. Box 860159 ADDRESS (number and street) (Check if address is changed) Plano 75086 TX CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS egpate@yahoo.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2012 C00345702 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT 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. Mr. John Wroten Type or Print Name of Treasurer Mr. John Wroten [Electronically Filed] Date 2012 Signature of Treasurer 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

	EEO F -	**** 1 (Paying 02/2000)	Page 2
		rm 1 (Revised 02/2009) OMMITTEE	Page 2
		e 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. (Cominformation below.)	plete the candidate
Nam Can	e of didate		
	didate y Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Can	e of didate		
Par	ty Con	nmittee:	(Damasa ::
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a:
		Corporation W/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

1				
FEC Form 1 (Revised 0	2/2009)			Page 3
Write or Type Committee Name				
Secure America	's Majority PAC (SAM-PAC)		
6. Name of Any Connected O	rganization, Affiliated Committe	e, Joint Fundraising Repr	esentative, or Leader	ship PAC Sponsor
Mr. Samuel R. Johnson	n 			
Mailing Address	7105 Havencrest			
	Plano		TX 75074	- -
	CITY		STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Commi	ttee Joint Fundraising	Representative X Lo	eadership PAC Sponsor
 Custodian of Records: Identification books and records. 	ify by name, address (phone num	nber optional) and positi	on of the person in po	ossession of committee
Ms. Gabrie	lla Pate			
Full Name	,1137 Bull Run			
Mailing Address	- I I I I I I I I I I I I I I I I I I I			
	Richardson		TX 75080	
Title or Position	CITY		STATE	ZIP CODE
		Telephone num	ber 214 – _	868 7037
8. Treasurer: List the name and any designated agent (e.g., as	address (phone number optior ssistant treasurer).	al) of the treasurer of the	committee; and the n	ame and address of
Full Name Mr. John W	roten			
of Treasurer	PO Paul 000450			
Mailing Address	PO Box 860159			
	Plano		TX 75086	
Title or Pasition	CITY		STATE	ZIP CODE
Title or Position		Telephone num	ber 972	795 5278

FEC Form	1 (Revised 02/2009)	Page 4
Full Name of Designated		
Agent [
Mailing Address		
	CITY STATE Z	ZIP CODE
Title or Position		, .
	Telephone number	
safety deposit box Name of Bank, Do		accounts, rents
safety deposit box Name of Bank, Do	xes or maintains funds.	accounts, rents
safety deposit box Name of Bank, De	Viewpoint Bank 1201 W. 15th Street Ste 100	accounts, rents
safety deposit box Name of Bank, De	epository, etc. Viewpoint Bank	accounts, rents
safety deposit box Name of Bank, De	Viewpoint Bank 1201 W. 15th Street Ste 100 Plano TX 75075	accounts, rents
safety deposit box Name of Bank, De	Plano CITY STATE Z Viewpoint Bank 1201 W. 15th Street Ste 100 TX 75075	
safety deposit box Name of Bank, De Mailing Address	Plano CITY STATE Z Viewpoint Bank 1201 W. 15th Street Ste 100 TX 75075	
safety deposit box Name of Bank, De Mailing Address	Plano CITY STATE Z Viewpoint Bank 1201 W. 15th Street Ste 100 TX 75075	
safety deposit box Name of Bank, De Mailing Address	Plano CITY STATE Z Viewpoint Bank 1201 W. 15th Street Ste 100 TX 75075	
safety deposit box Name of Bank, De Mailing Address Name of Bank, De	Plano CITY STATE Z Viewpoint Bank 1201 W. 15th Street Ste 100 TX 75075	
safety deposit box Name of Bank, De Mailing Address Name of Bank, De	Plano CITY STATE Z Viewpoint Bank 1201 W. 15th Street Ste 100 TX 75075	