

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

VICTORY FUND FOR RALPH HALL/SAM JOHNSON

ADDRESS (number and street)

PO BOX 160096

(Check if address
is changed)

IRLAND

TX

75086-1096

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

MARY@SAMJOHNSONFORICOMGRESS.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

None

COMMITTEE'S FAX NUMBER

972-422-4797

2. DATE

08 08 2008

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

Mary McClure

Signature of Treasurer

Mary McClure

Date

08 08 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
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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 12/2007)

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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:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association 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. RALPH HALL FOR CONGRESS FEC ID number: C 00120683
2. FRIENDS OF SAM JOHNSON FEC ID number: C 00250720
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

MARY MCCLURIE

Mailing Address P.O. Box 860096 PLANO TX 75086-1096 CITY STATE ZIP CODE

Relationship:

Connected Organization Affiliated Committee Leadership PAC Sponsor X 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 MARY MCCLURIE

Mailing Address P.O. Box 860096 PLANO TX 75086-1096 CITY STATE ZIP CODE

Title or Position

CAMPAIGN MANAGER Telephone number 972-424-9573

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 MARY MCCLURIE

Mailing Address P.O. Box 860096 PLANO TX 75086-1096 CITY STATE ZIP CODE

Title or Position

CAMPAIGN MANAGER Telephone number 972-424-9573

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Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid for Title or Position]

Telephone number

[Empty grid for 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.

LEGACY TEXAS BANK

Mailing Address

1105 W 15TH Street

[Empty grid for Mailing Address line 2]

Plano TX 75074

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

POSTOFFICE

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

28039813480

Federal Election Commission
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Other (Specify): Date of Receipt or Postmarked


PREPARER

8/14/08
DATE PREPARED

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