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FEC
FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

1. NAME OF COMMITTEE (In full) (Check if name is changed) Example: If typing, type over the lines. 12PE4M5
BELLAMY FOR CONGRESS ACTION TEAM

ADDRESS (number and street) (Check if address is changed) CITY STATE ZIP CODE
P.O. BOX 769123
SAN ANTONIO TX 78245 9123

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 02 02 2003

3. FEC IDENTIFICATION NUMBER C

4. 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.

Type or Print Name of Treasurer Karolyn A. Marshall

Signature of Treasurer Karolyn A. Marshall Date 02 08 2003

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.

5. TYPE OF COMMITTEE (Check One)

- (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: CHRIS BELLAMY

Candidate Party Affiliation: REP Office Sought: House Senate President State: TX
 District: 28

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate: _____

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

- (e) This committee is a separate segregated fund.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address: _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship: _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

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 KAROLYN MARGARET MARSHALL

Mailing Address PO BOX 760752

SAN ANTONIO TX 78245

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 210 695-5818

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 KAROLYN MARGARET MARSHALL

Mailing Address PO BOX 760752

SAN ANTONIO TX 78245

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 210 695 5818

Full Name of Designated Agent KAROLYN BELLAMY

Mailing Address 12245 TIGER RD

HELOTES TX 78023

Title or Position CITY STATE ZIP CODE

ASSISTANT TREASURER Telephone number 210 695 5818

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.

COMPASS BANK

Mailing Address

12590 BANDERA ROAD

HELOTES

TX

78023-4243

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

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