

FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

RECEIVED
FEC MAIL
OPERATIONS CENTER
Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12 FEB 21 A 9 18

BELLAMY FOR CONGRESS ACTION TEAM

ADDRESS (number and street)

P.O. BOX 769123

(Check if address is changed)

SAN ANTONIO

TX

78245-9123

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

07 13 2003

3. FEC IDENTIFICATION NUMBER ▶

C

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

X

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

Elizabeth V. Wanda

Signature of Treasurer

Elizabeth V. Wanda

Date

07/13/03

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §457g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9520
Local 202-694-1100

FEC FORM 1
[Revised 1/01]

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 CAROL FLANNERY

Candidate Party Affiliation REP Office Sought: House Senate President State TX District 22

- (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 ELIZABETH V. LUGANO

Mailing Address 818 MAYSAV

SAN Antonio TX 78227

Title or Position TREASURER CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 210-695-15818

B. 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 ELIZABETH V. LUGANO

Mailing Address 818 MAYSAV

SAN Antonio TX 78227

Title or Position TREASURER CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 210-695-15818

Full Name of Designated Agent ROSELYN BEHAM

Mailing Address 12245 TIGER RD

SHILOH TX 78223

Title or Position ASSISTANT TREASURER CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 210-695-15818

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.

CENTRAL BANK

Mailing Address

12090 SANDPAPER ROAD

MELBURN, CA 92591-9292

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

11/01/01 11:00 AM

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 7-15-03
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>JMP</i> PREPARER	7-15-03 DATE PREPARED