

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF
COMMITTEE (in full)(Check if name
is changed)Example: If typing, type
over the lines

12FE4M5

TEAM TEXAS POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

110 BROADWAY**SUITE 550** (Check if address
is changed)**SAN ANTONIO****TX****78205**

COMMITTEE'S E-MAIL ADDRESS

CITY STATE ZIP CODE **murray@mhvelaw.com**

COMMITTEE'S WEB PAGE ADDRESS (URL)

None

COMMITTEE'S FAX NUMBER

21022397082. DATE

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	2		2	0	0	6

3. FEC IDENTIFICATION NUMBER

C C003972654. 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

W. James Jonas, III

Signature of Treasurer

Electronically Filed by **W. James Jonas, III**

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	2		2	0	0	6

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 02/2003)

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

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

(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

None

Mailing Address

CITY 

STATE 

ZIP CODE 

Relationship

Type of Connected Organization:

<input type="checkbox"/> Corporation	<input type="checkbox"/> Corporation w/o Capital Stock	<input type="checkbox"/> Labor Organization
<input type="checkbox"/> Membership Organization	<input type="checkbox"/> Trade Association	<input type="checkbox"/> Cooperative

Write or Type Committee Name

TEAM TEXAS POLITICAL ACTION COMMITTEE

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 Murray H. Van Eman

Mailing Address 110 Broadway
Suite 550

san Antonio TX 78205 - _____

Title or Position **▼** CITY ▲ STATE▲ ZIP CODE ▲
Attorney 210 860 8804
 Telephone number _____ - _____ - _____

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 Murray H. Van Eman

Mailing Address 110 Broadway
Suite 550

san Antonio TX 78205 - _____

Title or Position **▼** CITY ▲ STATE▲ ZIP CODE ▲
Attorney 210 860 8804
 Telephone number _____ - _____ - _____

Full Name of Designated Agent _____

Mailing Address _____

Title or Position **▼** CITY ▲ STATE▲ ZIP CODE ▲
Attorney 210 860 8804
 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.

Plains Capital Bank

Mailing Address

919 Congress Ave.

Suite 100

Austin

TX

78701

CITY 

STATE 

ZIP CODE 

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.

[ADDITIONAL]

Mailing Address

CITY 

STATE 

ZIP CODE 

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

None

Mailing Address

CITY 

STATE 

ZIP CODE 

Relationship

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Designated Agent

[ADDITIONAL]

Full Name

Mailing Address

Title or Position ▼

CITY ▲

STATE▲

ZIP CODE ▲

Telephone number

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