

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

RECEIVED  
FEC MAIL CENTER

Office Use Only  
2009 MAY 26 A 9:09

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

C O M M I T T E E T O E L E C T B O B M C N E I L

ADDRESS (number and street) 1 3 0 2 W A U G H D R  
(Check if address is changed) 3 5 4  
H O U S T O N T X 7 7 0 1 9 - 3 9 0 8  
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)  
(Check if address is changed) a d m i n @ b o b m c n e i l f o r p r e s i d e n t . c o m

COMMITTEE'S WEB PAGE ADDRESS (URL)  
(Check if address is changed) w w w . b o b m c n e i l f o r p r e s i d e n t . c o m

2. DATE 09 / 24 / 2008

3. FEC IDENTIFICATION NUMBER C 00455451

4. IS THIS STATEMENT NEW (N) OR X AMENDED (A) Effective May 13, 2009

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 Robert A. McNeil

Signature of Treasurer [Handwritten Signature] Date 05 / 13 / 2009

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.

29030092671



Write or Type Committee Name

COMMITTEE TO ELECT BOB MCNEIL

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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

TREASURER

Mailing Address

[Empty grid lines for mailing address]

Title or Position

CITY

STATE

ZIP CODE

[Empty grid lines for title or position]

Telephone number

[Empty grid lines for 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

ROBERT ALLEN MCNEIL

Mailing Address

1302 WAUGH DR  
354  
HOUSTON TX 77019-3908

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number

[Empty grid lines for telephone number]

29030092673

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.

CHASE, BANK

Mailing Address

1934 W. GRAY

[Empty grid for Mailing Address line 2]

HOUSTON, TX 77019

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty grid for Name of Bank, Depository, etc.]

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

29030092674

Federal Election Commission  
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS  
The FEC added this page to the end of this filing to indicate how it was received.

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Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

*Jac H*  
PREPARER  
(3/2005)

*5/26/09*  
DATE PREPARED

28030092675