

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
MAIL ROOM

JUL 16 9 31 AM '96

|                                                                                |                                   |                                                                                                        |
|--------------------------------------------------------------------------------|-----------------------------------|--------------------------------------------------------------------------------------------------------|
| 1. (a) NAME OF COMMITTEE IN FULL<br><b>Greater Texas Sportsmen's Coalition</b> | (X) (Check if name is changed)    | 2. DATE<br><b>7/13/96</b>                                                                              |
| (b) Number and Street Address<br><b>4212 San Felipe, #510</b>                  | ( ) (Check if address is changed) | 3. FEC Identification Number<br><b>C00295402</b>                                                       |
| (c) City, State and ZIP Code<br><b>Houston, TX 77027</b>                       |                                   | 4. Is This Report An Amendment?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |

## 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 | State/District |
|-------------------|-----------------------------|---------------|----------------|
- ☐ (c) This committee supports/opposes only one candidate \_\_\_\_\_ and is NOT an authorized committee. (name of candidate)
- ☐ (d) This committee is a \_\_\_\_\_ committee of the \_\_\_\_\_ Party. (National, State or subordinate) (Democratic, Republican, etc.)
- ☐ (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 a party committee.

| 6. Name of Any Connected Organization or Affiliated Committee | Mailing Address and ZIP Code | Relationship |
|---------------------------------------------------------------|------------------------------|--------------|
|                                                               |                              |              |

Type of Connected Organization  
☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization ☐ Membership Organization ☐ Trade Association ☐ Cooperative

## 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 | Mailing Address | Title or Position |
|-----------|-----------------|-------------------|
|           |                 |                   |

## 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 | Mailing Address | Title or Position |
|-----------|-----------------|-------------------|
|           |                 |                   |

## 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. | Mailing Address and ZIP Code |
|--------------------------------|------------------------------|
|                                |                              |

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 | SIGNATURE OF TREASURER                                                               | DATE    |
|---------------------------------|--------------------------------------------------------------------------------------|---------|
| Richard Callison                |  | 7/13/96 |

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:  
Federal Election Commission  
Toll-free 800-424-9530  
Local 202-219-3420

FE6AN053

**FEC FORM 1**  
(revised 4/87)

**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 checked="checked" type="checkbox"/> Hand Delivered                                                                                                                                           | DATE OF RECEIPT<br><b>7-16-96</b> |
| <input type="checkbox"/> First Class Mail                                                                                                                                                           | POSTMARKED                        |
| <input type="checkbox"/> Registered/Certified Mail                                                                                                                                                  | POSTMARKED                        |
| <input type="checkbox"/> No Postmark                                                                                                                                                                |                                   |
| <input type="checkbox"/> Postmark Illegible                                                                                                                                                         |                                   |
| <input type="checkbox"/> Received from the House Office of Records<br>and Registration                                                                                                              | DATE OF RECEIPT                   |
| <input type="checkbox"/> Received from the Senate Office of Public<br>Records                                                                                                                       | DATE OF RECEIPT                   |
| <input type="checkbox"/> Other (Specify):                                                                                                                                                           | POSTMARKED                        |
|                                                                                                                                                                                                     | and/or DATE OF RECEIPT            |
| <div style="display: flex; justify-content: space-between;"><div style="width: 60%;">MBJ<br/>PREPARER</div><div style="width: 40%; text-align: right;"><b>7-16-96</b><br/>DATE PREPARED</div></div> |                                   |