

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) Texas December Victory Fund	FEDERAL ELECTION COMMISSION MAIL ROOM	2. DATE November 13, 1996
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) 430 S. Capitol St., SE, 2nd FL	Nov 21 11 24 AM '96	3. FEC IDENTIFICATION NUMBER
(c) City, State and ZIP Code Washington, DC 20003		4. IS THIS STATEMENT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" 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
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- (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.  
Joint Fundraising Committee

Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
Lampson for Congress Cmte.	P.O. Box 21578 Beaumont, TX 77720	Joint Fundraising Participant
Ken Bentsen for Congress Cmte.	5615 Morningside, #301 Houston, TX 77005	Joint Fundraising Participant

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
Janica Kyriacopolous	430 S. Capitol St., SE, 2nd Fl. Washington, DC 20003	Assistant Treasurer


**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
Matthew H. Angle	430 S. Capitol St., SE, 2nd Fl. Washington, DC 20003	Treasurer

**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
NationsBank of D.C., N.A.	730 - 15th Street, NW Washington, DC 20005

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 Matthew H. Angle	SIGNATURE OF TREASURER 	DATE 11/15/96
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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.

Federal Election Commission  
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*SES*  
PREPARER

11-21-96  
DATE PREPARED