

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

OmniAmerican Bank PAC aka OmniAmerican PAC

ADDRESS (number and street)

P. O. Box 150099

(Check if address is changed)

Fort Worth

TX

76108

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

omniamericanpac@omniamerican.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

8173675694

2. DATE

08 / 11 / 2006

3. FEC IDENTIFICATION NUMBER

C C00385161

4. 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

Lisanne Davidson

Signature of Treasurer

Electronically Filed by Lisanne Davidson

Date

08 / 11 / 2006

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 Only

For 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

OmniAmerican Bank _____

Mailing Address **1320 South University Drive**
Suite 900
Fort Worth **TX** **76107** - _____
CITY ▲ STATE ▲ ZIP CODE ▲

Relationship **Connected** _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

OmniAmerican Bank PAC aka OmniAmerican PAC

- 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 **Lisanne Davidson**

Mailing Address **1320 S. University Drive**

Fort Worth TX 76107

Title or Position ▼ **Treasurer** CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number **817 367 4933**

- 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 **Lisanne Davidson**

Mailing Address **1320 S. University Drive**

Fort Worth TX 76107

Title or Position ▼ **Treasurer** CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number **817 367 4933**

Full Name of Designated Agent **Jane Adams**

Mailing Address **P. O. Box 150099**

Fort Worth TX 76108

Title or Position ▼ **Asst. Treasurer** CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number **817 367 4624**

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.

OmniAmerican Bank

Mailing Address

1320 South University Drive

Suite 900

Fort Worth

TX

76107 -

CITY ▲

STATE ▲

ZIP CODE ▲