STATEMENT OF

PAGE 1/5 =

FORM 1		ORC	GANI	ZAI	ΙΟΙ	V							Office	Use	Onlv			
NAME OF COMMITTEE (ir	n full)	(Chec	ck if name anged)		Exampl over the			pe	1	2F1	E4M	15			,			
INDEPENDE	NT BAN	IKERS AS	SOCI	ATIC	N O	F TE	XAS	FE	DE	RA	\L I	PA	C (IBA	TF	ED	PA	'C)
ADDRESS (number a	nd street)	1700 RIO GRA	ANDE ST.,	STE. 10	00													
(Check if a is changed																		
is shanged	-,	AUSTIN CITY A						Ш	L	TX			8701		 ZIP (CODE		
COMMITTEE'S E-MA	AIL ADDRES	SS																
(Check if a is changed		clwilliston@	ibat.org															
		Optional Seco	nd E-Mail	Addres	SS													
(Check if a is changed	M / D	2019																
E. DAIL 0		2010																
3. FEC IDENTIFIC	CATION NU	MBER ▶	C	C003	32841													
4. IS THIS STATEM	MENT	NEW (N)	OR	1	x	AME	NDED	(A)										
I certify that I have e	examined thi	s Statement ar	nd to the b	pest of i	my kno	wledge	and b	elief i	t is t	rue,	corre	ect a	nd co	omple	ete.			
Type or Print Name	of Treasurer	Williston, Chri	stopher, L,	, VI														
Signature of Treasure	er <i>Willist</i>	on, Christopher, L	, , VI		[El	ectronic	ally File	ed]	Da	te		01	′ [30	_ ′		2019	Y
NOTE: Submission of		ous, or incomple		-				-					ne pe	naltie	s of 2	U.S.	C. §	137g.
Office Use Only					Fe Tol	r further deral Ele I Free 80 cal 202-6	ction Co 00-424-9	ommiss 9530		ct:						RM 5/2012		

FFC	Form 1 (Revised 02/2009)	Page 2
	COMMITTEE	i aye 🚣
Candida	ate Committee:	
(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. (Con information below.)	nplete the candidate
Name of Candidate		
Candidate Party Affil		State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party C	ommittee:	
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Politica	Action Committee (PAC):	
(e) x	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fu	ndraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Co	ommittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

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	FEC Form 1 (Revised (02/2009)	Page 3
V	Vrite or Type Committee Name		
I	NDEPENDENT BA	NKERS ASSOCIATION OF TEXAS FE	EDERAL PAC (IBAT FEDPAC)
6.	Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Rep	presentative, or Leadership PAC Sponsor
IN	NDEPENDENT COM	MUNITY BANKERS OF AMERICA POLIT	ICAL ACTION COMMITTEE
L			
	Mailing Address	1615 L STREET, NW	
		SUITE 900	
		WASHINGTON	DC 20036
		CITY	STATE ZIP CODE
	Relationship: Connected	d Organization 🗶 Affiliated Committee Joint Fundraising	g Representative Leadership PAC Sponsor
	Custodian of Records: Ider books and records.	ntify by name, address (phone number optional) and posit	tion of the person in possession of committee
	Full Name		
	Mailing Address		
	Title or Position	CITY	STATE ZIP CODE
			mber
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the assistant treasurer).	e committee; and the name and address of
	Full Name Williston, Conference William Williston, Conference William Wi	Christopher, L, , VI	
	Mailing Address	1700 Rio Grande St	
		Ste. 100	
		Austin	TX 78701 -
	Title or Position	CITY	STATE ZIP CODE
	President & CEO	Telephone nun	mber 512 - 474 - 6889

FEC Forr	1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	Jimenez, Ursula, L, ,	
Mailing Address	1700 Rio Grande #100	
	Austin TX 78701 CITY STATE Z	IP CODE
Title or Position Chief Operating		
. Banks or Other safety deposit bo Name of Bank,	Depositories: List all banks or other depositories in which the committee deposits funds, holds exes or maintains funds. Depository, etc.	accounts, rents
Mailing Address	PO BOX 6469	
	CORPUS CHRISTI TX 78466	
	CITY STATE Z	IP CODE
Name of Rank	Depository, etc.	
ivallie Of DallK, I		
Name Of Dalik,		
Mailing Address		

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

Page _____ **of** _____

h). Joint Fundrais	ing Participant:	FFC ID mumber	C
1.		FEC ID number	
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connecte	d Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spon
INDEPENDENT	BANKERS ASSOCIATION OF TEXA	S 	
Mailing Address	1700 RIO GRANDE ST., STE. 100		
	AUSTIN	TX	78701
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
x Connect	ed Organization Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC S
	ify by name, address (phone number – ontional)		Zauve Zaudeloliip 1710 o
	ify by name, address (phone number – optional)		Leadership 17te S
esignated Agent: Ident	ify by name, address (phone number – optional)		
esignated Agent: Ident	ify by name, address (phone number – optional)		
esignated Agent: Ident	ify by name, address (phone number – optional)		
esignated Agent: Ident	CITY		
esignated Agent: Ident Full Name Mailing Address	CITY A		
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITIO	CITY A City A ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	CITY A City A ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	CITY A City A ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	CITY A City A ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	CITY A City A ories: List all banks or other depositories in which	STATE A	ZIP CODE A