15031115829

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

2013 SEP 11 AM 9: 26

L.C. Office Nat Outs P. L.C.D.

1. NAME OF COMMITTEE (in full)		(Check if name is changed)	Example: If typing, type over the lines.	12FÉ4M5	
Friendsiaf	CIO	nigifieisisin	Isia isitieiviei is	itioicillini	9191
	1.1.1				
ADDRESS (number and street)	P.	O Bax 15	7135		
(Check if address is changed)	سا				
	140	SISIFICIA I		STATE A	7.7.5.9.81 ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRES	SS				
(Check if address is changed)	IJĹ	a Kotal A	aticon	<u> </u>	لنبببب
to the second se	Option	al Second E-Mail Ad	dress		
Type, The was the first service.	ter i en i	in the second of	and a plant of the second of t	THE STATE OF THE S	The second of th
COMMITTEE'S WEB PAGE ADD	RESS (URL)		(Nem)	
(Check if address is changed)	MM	VI-ISITIOICIK	191911201141-1616	2111	
	بيا				
A CONTRACTOR OF THE CONTRACTOR		Process of the state of the sta	ing the market on the state of the safety of	lander og er er blever filde i skriver og blever o Det er blever og bleve	Market Control of the State of
2. DATE 0.9 0.	5	2013	vision by by		
3. FEC IDENTIFICATION NU	IMBER	CC	0518241		-
		Lagrant Connectal			
4. IS THIS STATEMENT	NE	W (N) OR	AMENDED (A)		
I certify that I have examined th	is Stater	ment and to the best	of my knowledge and belief	it is true, correct	and complete.
Type or Print Name of Treasurer		950N 1	ose x		
7,00				(TMTVT)	
Signature of Treasurer	12			Date 0	05 2013
NOTE: Submission of talse errone		•	may subject the person signing ON SHOULD BE REPORTED		
Office Use Only		w while comment	For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

FEC Form 1 (Revised 02/2009)	Page 2
TYPE OF COMMITTEE Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information)	tion below.)
(b) This committee is an authorized committee, and is NOT a principal campaign comminformation below.)	•
Name of Candidate	
Candidate Office Party Affiliation Central Sought: House Senate	State TX President District
(c) This committee supports/opposes only one candidate, and is NOT an authorized co	mmittee.
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on lin	e 6.) Its connected organization is a
Corporation Corporation w/o Capital Stock	Labor Organization
Metmbership 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 committee. (i.e., nonconnected committee)	separate segregated fund or party
In addition, this committee is a Lebbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net procommittees/organizations, at least one of which is an authorized committee of a federal	
(h) This committee collects contributions, pays fundraising expenses and disburses net pro committees/organizations, none of which is an authorized committee of a federal candidate.	
Committees Participating in Joint Fundraiser	
1. FEC ID number	C
2. FEC ID number	C
3.	
4. FEC ID number	

write of Type Committee Nam	Ю			
6. Name of Any Connected	Organization, Affiliated Committee, Joi	nt Fundraising Represen	tative, or Leadership I	PAC Sponsor
Tergys 1901	Tex915 1111		1	
Mailing Address	2470 Dquie 111'	Is Bridge		
	S14:11e 11211	111111		
	A119095	11111 [6	A 3060	6
	CITY	ST	ATE ZIP	CODE
Relationship: Connecte	ed Organization Affiliated Committee	Joint Fundraising Rep	resentative Leaders	ship PAC Sponsor
 Custodian of Records: Idea books and records. 	entify by name, address (phone number -	- optional) and position of	the person in possess	sion of committee
Full Name J.g. S.	ON POSEY	<u> </u>	<u> </u>	
Mailing Address	P. U. BUX 151711313			·
•			1 1 1 1 1 1 1 1 1	
	wesster		X 12591	لــنــا-ك
Title or Position	CITY	STA	TE ZIP	CODE
[[1/18/5]]		Telephone number	2811-1819	81-19.74.6
8. Treasurer: List the name a any designated agent (e.g.,	nd address (phone number optional) of assistant treasurer).	f the treasurer of the com	mittee; and the name	and address of
Full Name of Treasurer	an flosex			
Mailing Address	P. O. Box 15,711315			
		 		
	CITY	II LILLI	X 2759	S - L L L L L L L L L L L L L L L L L L
Title or Position	1	Talanhawa	2811-80	01_19.7.V.61
1		Telephone number	<u> </u>	<u>ا الاللالكا -</u> ا

FEC For	n 1 (Revised	0 2 /2009)					Page 4
							Đ
Full Name of Designated	1 , , .						
Agent		 			<u> </u>		
Mailing Address				111111			
							<u> </u>
					ليال		
		·	CITY		STATE	Z	IP CODE
Title or Position			ı		1	1 1	1.1
				Telephone	number	——————————————————————————————————————	
Banks or Other safety deposit be Name of Bank,	oxes or main Depository, e	itains funds. etc.	or other depositori				
safety deposit be	oxes or main Depository, e	Itains funds. etc. $f_{1} = G_{1} + G_{2}$	merrica		<u> </u>	 _ _ _ _ 	_ <u> </u>
safety deposit be Name of Bank,	oxes or main Depository, e	Itains funds. etc. $f_{1} = G_{1} + G_{2}$			Ave M	 _ _ _ _ 	1 1 1 1 1 1 1 1
safety deposit be Name of Bank,	oxes or main Depository, e	tains funds. Stc. Lucifi A	merrica	VIQUITGII	Ane M	 _ _ _ _ 	
safety deposit be Name of Bank,	oxes or main Depository, e	tains funds. Stc. Lucifi A	l merica	VIQUIIQIII	que M	200	
safety deposit be Name of Bank,	Depository, e	tains funds. $ L \subseteq F \subseteq A $ $ L \subseteq G \subseteq F $ $ L \subseteq G \subseteq F $ $ L \subseteq G \subseteq F $	Rentica Rennsylli	VIQUIIQIII	Ane M	200	
safety deposit be Name of Bank, Mailing Address	Depository, e	etains funds. $ \begin{array}{cccccccccccccccccccccccccccccccccc$	Reiginsiyilii 1919 Hani	VIQIIII I	Ane M DC STATE	200	
safety deposit be Name of Bank, Mailing Address	Depository, e	etains funds. $ \begin{bmatrix} 1 & 0 & F & A \\ 2 & 0 & 1 & F \end{bmatrix} $ $ \begin{bmatrix} 4 & 0 & 0 & A \\ 4 & 0 & 0 & A \end{bmatrix} $ etc.	Rentica Rennsylli	VIQIIII I	Ane M DC STATE	200 2	
safety deposit be Name of Bank, Mailing Address	Depository, e	etains funds. $ \begin{bmatrix} 1 & 0 & F & A \\ 2 & 0 & 1 & F \end{bmatrix} $ $ \begin{bmatrix} 4 & 0 & 0 & A \\ 4 & 0 & 0 & A \end{bmatrix} $ etc.	Reginsiyilii City	VIQIIII I	Ane M DC STATE	200 2	
safety deposit be Name of Bank, Mailing Address	Depository, e	etains funds. $ \begin{bmatrix} 1 & 0 & F & A \\ 2 & 0 & 1 & F \end{bmatrix} $ $ \begin{bmatrix} 4 & 0 & 0 & A \\ 4 & 0 & 0 & A \end{bmatrix} $ etc.	CITY Diginiki	VIQIIII I	Ane M DC STATE	200 2	ZIP CODE

Box 57135 ter, TX 71598

OS SEP 2013 PM 2 1

Federal Election Commission FECHUED

999 E. Street NV
Washington, D.C. 20463

FECHUED

Washington, D.C. 20463

FECHUED

20453

յլլութիկանի գրերարդարկարությունը անկարանի

(8/2013)

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. **Date of Receipt Hand Delivered** Postmarked USPS First Class Mail Postmarked (R/C) USPS Registered/Certified Postmarked **USPS Priority Mail** Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery** Date of Receipt Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): DATE PREPARED