					1		RECE	₩ED
FEC STATEMEN			-		2011	AUG 22	PM 12: 07	
FORM 1		ORGANI	ZAII					CENTER
1. NAME OF COMMITTEE (in	n full)	(Check if name is changed)		mple:If typing, type the lines.	12FE4M5			
TETALMA	N FOF	<b>CONGRES</b>	<b>S</b>	1.1.1.1.1.1.1.1.1.1.		<u> </u>	_    _	
			.I. II. I.					
ADDRESS (number a	nd street)	1531 GRAN			<u>I.I.B.J., I.</u>			
(Check if ad is changed)		SUITE D SAN MARC	OS			92078	_ <mark>_2463</mark>	
			CITY	· .	STATE	ZIP C	ODE	·····
COMMITTEE'S E-MA	AIL ADDRES	S (Please provide only or	ne e-mail ad	dress)				
(Check if	address	XAVIER@X	(MAR	TINEZTAX.	ÇQM			
is change	ed)							
COMMITTEE'S WEB	B PAGE ADD	RESS (URL)						
(Check if	neck if address changed)				<u> </u>			
is change					<u> </u>			
2. DATE	3") ' 18	° 2011						
3. FEC IDENTIFIC	CATION NU	IMBER C		en en francés de la companya de la c				
4. IS THIS STATE		NEW (N) OF	<u>ا</u> ہ	AMENDED (A)				
I certify that I have	examined th	is Statement and to the	best of my	knowledge and belief	it is true, correct	and complete.		
Type or Print Name	of Treasurer	XAVIER M	ARTI	NEZ				
Signature of Treasur	rer	Q	Ø		Date 08	] ′ <b>[18</b> "] ′	2011	
NOTE: Submission of		ous, or incomplete informa				the penalties of	2 U.S.C. §43	7g.
Office Use Only				For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100		FEC FC (Revised (		_ _]

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·	F	FEC For	m 1 (Revised 02/2009) Page 2			
5.			OMMITTEE			
	(a)		Committee: 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 Cand					
	Cand Party	didate / Affiliatio	on DTS Office Sought: House Senate President State District 49			
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.			
	Name Cand					
	Parl	ty Con	imittee:			
	(d)		(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party.			
	Poli	tical A	ction Committee (PAC):			
	( <del>0</del> )		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:			
			Corporation Corporation w/o Capital Stock			
		Membership Organization Trade Association Cooperative				
			In atiditien, this committee is a Lobbyist/Registrant PAC.			
	(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)			
			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 proceeds for two or more political			
	(h)		committees/arganizations, at least one of which is an authorized committee of a federal candidato. This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political			
			committees/organizations, none of which is an authorized committee of a federal candidate.			
		Com	mittees Participating in Joint Fundraiser			
		1.				
		2.				
		3.				
		4.				

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Write or Type Committee Name

## **TETALMAN FOR CONGRESS**

6. Name of Any Connected Organization, Affiliated Committee; Joint Fundralsing Representative, or Leadership PAC Sponsor

Mailing Address						
	CITY	STA	ATE Z	IP CODE		
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor						

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Mailing Address			
			920782463
Title or Position	СПҮ	STATE	ZIP CODE
TREASURER	Telephone	number 176	07521610

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			<u> </u>
Mailing Address	1531 GRAND AVENUE		
-	SUITED	<u></u>	
	SAN MARCOS		92078  - 2463
Title or Position	СПУ	STATE	ZIP CODE
	Telephone	e number 76	0 [752 _ ] _ [1610]

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	Full Name of Designated Agent		RMARTINEZ			
	Mailing Address			) ] <b>J J</b> . <b>L</b> J		
	·					
					CA STATE	92078   -  2463   ZIP CODE
	Title or Position	ER		Telephone nun	nber 760	01610_
9.	Banks or Other safety deposit b Name of Bank,	oxes or main		hich the committ	ee deposits	funds, holds accounts, rents
			<b>I, BANK</b>	<u></u>		
	Mailing Address	i			<u></u>	
				<u></u>		
					CA	[92025]-[
			CITY		STATE	ZIP CODE
	Name of Bank,	Depository, e	tc.			
	Mailing Address	5		1 1 1 1 1	L_L	
				<u>I_I_I_I_I_</u>		
						<mark>└╶┷╼┶╼╼┙</mark> ╼╏──────
			CITY		STATE	ZIP CODE

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Delivery Confirmation <sup>™</sup> or Signature Confirmation	ation <sup>™</sup> Label					
USPS Express Mail	Postmarked					
Postmark Illegible						
No Postmark						
Overnight Delivery Service (Specify):	Shipping Date					
Next Business	Day Delivery					
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					
Date of Rec	ceipt or Postmarked					
R	8/22/11					
PREPARER (3/2005)	DATE PREPARED					