FLO MAIL CENTER

2011 JUL 18 AH 9: 16

FEC FORM 1

STATEMENT OF ORGANIZATION

				·····	Office Use Only	
NAME OF COMMITTEE (in full)	(Check if name is changed)	e Example:li over the li	f typing, type	12FE4M5	;	
WES RIDDLE	FOR USCO	DNGRESS	<u></u>			
		11111		<u> </u>		
ADDRESS (number and street)	110 E CE	NTRAL	AVE			
(Check if address is changed)	BELTON			7:X	7.1651.31-	
		CITY	S	TATE	ZIP CODE	
COMMITTEE'S E-MAIL ADDRES	SS (Please provide only o	ne e-mail address)				
(Charle if address	DA GEWE	IN.	FID@WESK	BIODE	E. COM	
(Check if address is changed)				1 1 1 1		
COMMITTEE'S WED DAGE AD				•		
COMMITTEE'S WEB PAGE ADI		T. N.N.J.E.C.	<i>M</i>	1 1 1 1		
(Check if address is changed)						
2. DATE 07 15 à 011						
3. FEC IDENTIFICATION NUMBER C To Be Assigned						
4. IS THIS STATEMENT	NEW (N) OF	₹ .	MENDED (A)			
I certify that I have examined th	is Statement and to the	best of my knowle	edge and belief it is	true, correc	t and complete.	
Type or Print Name of Treasure	Daniel Le	on Lung	Sford II.		·	
Signature of Treasurer	Julfe	en fill	Da	ate Ö	ที่ใช้ ฉังไไ	
NOTE: Submission of false, errone	ous, or incomplete information of the control of th					
Office Use		Federa	rther Information conta	ect:	FEC FORM 1	

<u> </u>		(. ~30 =	
		OMMITTEE Committee:							
(a)	X	This committee is a pr	incipal campa	ign comm	nittee. (Com	plete the candidate in	nformation belov	v.)	
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)							
Name Candi		,	DDLE	<u>i I I I </u>			1 1 1 1	 	
Candi Party	idate Affiliati	on Rep	Office Sought:	X	House	Senate	President	State District	25
(c)		This committee suppor	ts/opposes on	aly one ca	andidate, an	d is NOT an authoriz	ed committee.		
Name Candi									11
Part	y Con	mittee:							
(d)		This committee is a		•	onal, State ibordinate) d	committee of the		(Democratic, Republican, etc.	
Polit	ical A	ction Committee (P							
(e)		This committee is a se	parate segreg	ated fund	d. (Identify co	onnected organization	on line 6.) Its c	onnected organiza	tion is a
		Corporation			Corpo	ration w/o Capital Sto	ock	Labor Organiz	ation
		Membership O	rganization	٠	Trade	Association		Cooperative	•
		In addit	lon, this comm	ittee is a l	Lobbyist/Re	gistraot PAC.			
(f)		This committee suppor committee. (i.e., noncor			one Federal	candidate, and is N	OT a separate	segregated fund o	or party
		In addition, this	committee is a	a Lobbyist	/Registrant	PAC.			
		In addition, this			hip PAC. (Id	entify sponsor on line	6.)		
Joint	Fund	raising Representa	 tive:	···········					
(g)		This committee collects committees/organization	contributions, ns, at least one	pays fund of which	draising expe	enses and disburses r rized committee of a f	net proceeds for edoral candidate	two or more politic	al
(h)		This committee collects committees/organization	contributions, is, none of whi	pays fund ich is an a	Iraising expe	enses and disburses normittee of a federal o	et proceeds for candidate.	two or more politic	al
	Com	mittees Participating is	n Joint Fund	raiser					
	1.	111111				FEC ID nu	mber C	•	
	2.					FEC ID nu	mber C	;	
	3.					FEC ID nu	mber C	-	
	4	1 1 1 1 1 1 1		1] [] [FEC ID nu	mber C		
	4.					' LO ID IIII			

,	FEC Form 1 (Revised	1 02/2009)				Page 3
٧	Write or Type Committee Nam	ne				
	Name of Any Connected	Organization, Affil	liated Committee, Joint	Fundraising Represe	entative, or Leadersh	ip PAC Sponsor
,				1111111		1 1 1 1 1 1
L	1 1 1 1 1 1 1 1 1	<u> </u>	<u> </u>	<u> </u>	<u> </u>	11111
<u>L</u>						
	Mailing Address					
					ـــا لـــــ	
			CITY	S	TATE Z	ZIP CODE
	Relationship: Connecte	ed Organization	Affiliated Committee	Joint Fundraising Rep	presentative Lead	dership PAC Sponsor
7.	Custodian of Records: Ide	entify by name, add	ress (phone number c	optional) and position o	of the person in poss	ession of committee
	Full Name Rua C	hel Nol).e. n	1 1 1 1 1 1 1 1		
			Central			
	Mailing Address		_1010-11-11-100-1-	71171Ci		
		120110		<u> </u>	TX 1765	1 2 1
		Belton			TX 1765	
	Title or Position		CITY	STA	ATE Z	ZIP CODE
	Secretary	Isched	uler	Telephone number	254-192	3LI-10700
8.	Treasurer: List the name as any designated agent (e.g.,			ne treasurer of the cor	nmittee; and the nam	e and address of
	Full Name of Treasurer		on Lunsf			
	Mailing Address	110 E	central	Ave		
						1 1 1 1 1 1
		BRILITON	CITY	STA	TX 17450	/ <u>/3</u> -
,	Title or Position TITILIASULTER	<u> </u>		Telephone number	254-19	311-14040

FEC Form 1 (F	Revised 02/2009)		Page 4
Full Name of Designated Agent			
	CITY	STATE	ZIP CODE
Title or Position		Telephone number	<u> </u>
safety deposit boxes o Name of Bank, Deposi	BVA , Compass Bank	<u> </u>	
Mailing Address	13.1.3 E Central		19451.3-
	CITY	STATE	ZIP CODE
Name of Bank, Depos	sitory, etc.		
لبا			
Mailing Address			
	<u> </u>		

Federal Election Co ENVELOPE REPLACEMENT PAGE FO The FEC added this page to the end of this fi	OR INCOMING DOCUMENTS					
Hand Delivered	Date of Receipt					
USPS First Class Mail	Postmarked					
USPS Registered/Certified	Postmarked (R/C)					
USPS Priority Mail	Postmarked					
Delivery Confirmation™ or Signature Confirmation™ Label						
USPS Express Mail	Postmarked					
Postmark Illegible						
No Postmark						
Overnight Delivery Service (Specify): Lef's	Shipping Date					
	Next Business Day Delivery					
Received from House Records & Registrati	Date of Receipt on Office					
Received from Senate Public Records Office	Date of Receipt e					
Received from Electronic Filing Office	Date of Receipt					
Other (Specify):	Date of Receipt or Postmarked					
Jul	7/18/11					
PREPARER (3/2005)	DATE PREPARED					