Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. **Ureste 4 Congress** 108 Thorn Ave Ste C ADDRESS (number and street) (Check if address is changed) El Paso 79932 TX CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@fec-compliance.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) ureste4congress.com (Check if address is changed) DATE 25 2020 C00721993 FEC IDENTIFICATION NUMBER > 3. X 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. Krason, Patrick, , , Type or Print Name of Treasurer Krason, Patrick, , , [Electronically Filed] 25 2020 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FEC Fo	rm 1 (Revised 02/2009)	Page 2
TYPE OF C		
	e Committee:	
(a) x	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. (Com information below.)	plete the candidate
Name of Candidate	Garcia-Ureste, Alia, del Carmen, ,	
Candidate	on REP Sought: X House Senate President	State
Party Affiliati	on REP Sought: X House Senate President	District 23
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Con		
(d)		(Democratic, Republican, etc.) Party.
Political A	action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected 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 se committee. (i.e., nonconnected committee)	gregated 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 Fund	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Com	mittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

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Write or Type Committee Na		
Ureste 4 Cong	gress	
	d Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	ership PAC Sponsor
NONE		
Mailing Address		
-		
	CITY STATE	ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
. Custodian of Records: lo books and records.	dentify by name, address (phone number optional) and position of the person in	possession of committee
Krason Full Name	, Patrick, , ,	
Mailing Address	108 Thorn Ave Ste C	
Mailing Address		
	El Paso TX 79933	2
Title or Position	CITY STATE	ZIP CODE
Treasurer		417 - 7385
B. Treasurer: List the name any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; and the i., assistant treasurer).	name and address of
Full Name Krason, of Treasurer	Patrick, , ,	
Mailing Address	108 Thorn Ave Ste C	
	El Paso TX 79932	
Title or Position Treasurer	CITY STATE Telephone number 202 -	ZIP CODE
	Telephone number	

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Full Name of Designated	I	- I
Agent		
Mailing Address		
	CITY STATE Z	IP CODE
Title or Position		1 2
Name of Bank, I		
	oxes or maintains funds.	
Name of Bank, I	Depository, etc. Wells Fargo Bank, N.A. 6960 N. Mesa St El Paso TX 79912	
Name of Bank, I	Depository, etc. Wells Fargo Bank, N.A. 6960 N. Mesa St El Paso CITY STATE Z	ZIP CODE
Name of Bank, I	Depository, etc. Wells Fargo Bank, N.A. 6960 N. Mesa St El Paso CITY STATE Z	
Name of Bank, I	Depository, etc. Wells Fargo Bank, N.A. 6960 N. Mesa St El Paso CITY STATE Z	
Name of Bank, I	Depository, etc. Wells Fargo Bank, N.A. 6960 N. Mesa St El Paso CITY STATE Z	
Name of Bank, I	Depository, etc. Wells Fargo Bank, N.A. 6960 N. Mesa St El Paso CITY STATE Z	
Name of Bank, I	Depository, etc. Wells Fargo Bank, N.A. 6960 N. Mesa St El Paso CITY STATE Z	