

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

MIRACA LIFE SCIENCES, INC. EMPLOYEE FEDERAL PAC

ADDRESS (number and street)

6655 N. MacArthur Blvd

(Check if address is changed)

IRVING

CITY

TX

STATE

75039

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

BREE.BRIGNOLA@INFORMDX.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

08 / 29 / 2019

3. FEC IDENTIFICATION NUMBER

00524710

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

X

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Brianne Brignola

Signature of Treasurer

Brianne Brignola

Date

08 / 29 / 2019

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

5. TYPE OF COMMITTEE

Candidate 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. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation	Office Sought:	House	Senate	President	State District
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- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

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 line 6.) Its connected 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 segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/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 committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) 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.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C
2. _____ FEC ID number C
3. _____ FEC ID number C
4. _____ FEC ID number C

NOTICE: SEE US AT 0800-435-9696

Write or Type Committee Name

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

Mailing Address

_____ - _____

CITY

STATE

ZIP 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.

Full Name

BRIANNE BRIGNOLA

Mailing Address

6655 N MacArthur Blvd

IRVING TX 75039

IRVING

TX

75039

Title or Position

CITY

STATE

ZIP CODE

SR. TREASURY ANALYST

Telephone number

214 - 491 - 9953

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).

Name of Treasurer

BRIANNE BRIGNOLA

Mailing Address

6655 N MacArthur Blvd

Irvine TX 75039

Irvine

TX

75039

Title or Position

CITY

STATE

ZIP CODE

SR. TREASURY ANALYST

Telephone number

214 - 491 - 9953

Full Name of Designated Agent | CHRIS ALAN WALKER |

Mailing Address | 6655 N MacArthur Blvd |
 | IRVING | TX | 75039 | - |
 CITY STATE ZIP CODE

Title or Position | SVP, CFO | Telephone number | 214 | - | 491 | - | 0041 |

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc. | BANK OF AMERICA |

Mailing Address | 901 MAIN ST |
 | DALLAS | TX | 75033 | - |
 CITY STATE ZIP CODE

Name of Bank, Depository, etc. | |

Mailing Address | |
 | | | | - |
 CITY STATE ZIP CODE

20100101010101010101010101010101

5(g) or (h). Joint Fundraising Participant:

1. _____
 2. _____
 3. _____
 4. _____

FEC ID number C _____
 FEC ID number C _____
 FEC ID number C _____
 FEC ID number C _____

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

Mailing Address _____

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲
 Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name _____
 Mailing Address _____

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

_____ Telephone Number _____-_____-_____

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc. _____
 Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

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Via E-Mail

11/10/2008 10:10:10 AM

