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FEC FORM 1

STATEMENT OF **ORGANIZATION**

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2008 DEC 11 AM 11: 54

Office Use Only

NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	:	
TEXAS DEMOC	PATIC WOM	IEN OF COLL	IN COUNT	TiY	
	<u> </u>				
ADDRESS (number and street)	15421 PAL	ACE DRIVE			
(Check if address is changed)	RICHARDA	30 N	IX 15	0.824	
COMMITTEE'S E-MAIL ADDRES	SS	CITY	STATE	ZIP CODE	
june@impres	sivelmage	e.com			
COMMITTEE'S WEB PAGE ADD	RESS (URL)				
					
<u> </u>					
COMMITTEE'S FAX NUMBER 9.7.4-6340					
M M / D D / Y Y YY 2. DATE					
3. FEC IDENTIFICATION NU	MBER C				
4. 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.					
Type or Print Name of Treasurer	JUNE 1010	UE OUTLIND			
Type or Print Name of Treasurer June Pendue Jen Kins Signature of Treasurer Date 12'04'2008					
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 Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	ion 🔽	EC FORM 1 Revised 12/2007)	

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TYPE OF CO	OMMITTEE Committee:		
a)	This committee is a principal campaign committee. (Com	plete the candidate inform	ation below.)
(b)	This committee is an authorized committee, and is NOT information below.)	a principal campaign com	mittee. (Complete the candidate
Name of Candidate	<u> </u>		<u></u>
Candidate Party Affiliatio	Office on Sought: House	Senate	State President District
c)	This committee supports/opposes only one candidate, an	nd is NOT an authorized c	ommittee.
Name of Candidate			
Party Com	nmittee:		
d)	This committee is a (National, State or subordinate)	committee of the	(Democratic, Republican, etc.) Party.
Political A	ction Committee (PAC):		
e)	This committee is a separate segregated fund. (Identify of	onnected organization on li	ne 6.) Its connected organization is a
	Corporation Corpo	oration w/o Capital Stock	Labor Organization
	Membership Organization Trade	Association	Cooperative
(f) ✓	This committee supports/opposes more than one Federa committee. (i.e., nonconnected committee)	al candidate, and is NOT a	separate segregated fund or party
	In addition, this committee is a Leadership PAC. (le	dentify sponsor on line 6.)	
oint Fund	Iraising Representative:		
3)	This committee collects contributions, pays fundraising exp committees/organizations, at least one of which is an author		
n)	This committee collects contributions, pays fundraising exp committees/organizations, none of which is an authorized of	enses and disburses net pro committee of a federal cand	oceeds for two or more political idate.
Comr	mittees Participating in Joint Fundraiser		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
5.		FEC ID number	C

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٧	Vrite or Type Committee Nam	•	
6.	Name of Any Connected	Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fun	draising Representative
L			
L			
	Mailing Address		
		CITY STATE	ZIP CODE
	Relationship:		
	Connected Organization	Affiliated Committee Leadership PAC Sponsor Joint Fu	undraising Representative
7.	Custodian of Records: Ide books and records.	ntify by name, address (phone number optional) and position of the person	n in possession of committee
	Full Name	RON HAGER	
	Mailing Address	1712 DANUBE LANG	
		CANO TO C	15015-
		CITY STATE	ZIP CODE
	Title or Position		
	TREASURE	Telephone number	J-LJ-L
8.	Treasurer: List the name ar any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; and assistant treasurer).	i the name and address of
	Full Name : Til (t	C DEMANNE TENENTS	
	of Treasurer	E PERDUE JENKINS	
	Mailing Address	OHAL PALACE DE	
		KICHARDON TX 7	50821-
	Title or Position	CITY STATE	ZIP CODE
	VAC TRE	Tolombor symbol 1976	4-1644-5340

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Full Name of Designated Agent		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Mailing Address		<u> </u>		
	CITY	STATE	ZIP CODE	
Title or Position	<u>ll. </u>	ephone number	J-LLL	
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.				
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Mailing Address				
		<u> </u>		
		ا لنا لنن		
	CITY	STATE	ZIP CODE	
Name of Bank, Depository,	etc.	 		
للللا		<u> </u>		
Mailing Address				
		<u> </u>		
		ا ليا ليب		
	CITY	STATE	ZIP CODE	

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** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): Factorial **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):