11030501191

RECEIVED

2011 APR 26 AM 8: 17_ FEC MAIL CENTER

FEC FORM 1

STATEMENT OF ORGANIZATION

| 1011111 | | | | Office Use Only |
|---------------------------------|----------------------------------|--|---------------------------|--|
| NAME OF COMMITTEE (in full) | (Check if name is changed) | Example: If typing, type over the lines. | e 12FE4M5 | maggerence maggerence manager E E E E E E E E E E E E E |
| The Paliti | Cal Campai | ign to Ele | ect Phi | Lip Andrew |
| | | | | |
| ADDRESS (number and street) | 10101 500 | uthwest F | reeway, | suite 107 |
| (Check if address is changed) | Houston: | | 17 X | <u> </u> |
| | | CITY | STATE | ZIP CODE |
| COMMITTEE'S E-MAIL ADDR | ESS (Please provide only one | e-mail address) | | Can com |
| (Check if address is changed) | campaign | andrew. | scarnpa | |
| | | | | |
| COMMITTEE'S WEB PAGE A | DDRESS (URL) WWN | 1.andrews | scampa | ign.com |
| (Check if address is changed) | | | | |
| 2. DATE 04 & | 0 2011 | | | |
| 3. FEC IDENTIFICATION I | NUMBER C | angeneracy, was symmatic graves graves and second description of the s | | |
| 4. IS THIS STATEMENT | NEW (N) OR | AMENDED (| A) | |
| I certify that I have examined | this Statement and to the bea | st of my knowledge and be | elief it is true, correct | and complete. |
| Type or Print Name of Treasur | rer Diana | Atencia | | |
| Signature of Treasurer | Male | | Date Date | 4 20 2011 |
| NOTE: Submission of false, erro | neous, or incomplete information | | | the penalties of 2 U.S.C. §437g. |
| Office Use | | For further informal Federal Election Con Toll Free 800-424-95 | nmission | FEC FORM 1 (Revised 02/2009) |

| | FEC FC | orm 1 (Revised 02/2009) Page 2 | | | | | |
|------|----------------------|--|--|--|--|--|--|
| | | COMMITTEE | | | | | |
| Cer | ndidat | e Committee: | | | | | |
| (a) | V | 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.) | | | | | |
| | ne of didate | Phillip Andrews | | | | | |
| | didate y Affiliat | ion De.m Office State TX Sought: House Senate President District 0.7 | | | | | |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | | | | | |
| | ne of didate | | | | | | |
| Par | ty Cor | nmittee: | | | | | |
| (d) | | This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party. | | | | | |
| Pol | itical <i>A</i> | Action Committee (PAC): | | | | | |
| (e) | | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a | | | | | |
| | revoluti | 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.) | | | | | |
| Join | nt Fund | draising 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. | | | | | |
| | Com | nmittees Participating in Joint Fundraiser | | | | | |
| | 1. | FEC ID number | | | | | |
| | 2. | FEC ID number | | | | | |
| | 3. | FEC ID number | | | | | |
| | 4. | | | | | | |

| FEC Form 1 (Revise | ed 02/2009) | Page 3 |
|--|---|-------------------------------------|
| Write or Type Committee Na | ame . | |
| The Polis | tical Campaign to Elec | + Phillip Andrews |
| 6. Name of Any Connecte | d Organization, Affiliated Committee, Joint Fundralsing Representat | ive, or Leadership PAC/Sponsor |
| | | |
| | | |
| Mailing Address | | |
| | | |
| | | J <u> </u> |
| | CITY STATE | ZIP CODE |
| Relationship: Conne | cted Organization Affiliated Committee Joint Fundraising Representation | entative Leadership PAC Sponsor |
| Custodian of Records: I books and records. | Identify by name, address (phone number optional) and position of th | e person in possession of committee |
| Full Name | ana Atencia | |
| Mailing Address | 110101 Southwest Freewa | zy Suite 107 |
| | | |
| | Howston Tx | 77074 - |
| Title or Position | CITY STATE | ZIP CODE |
| Treasure | Telephone number | 7131-17741-1660 |
| 8. Treasurer: List the name any designated agent (e.g | and address (phone number optional) of the treasurer of the commit g., assistant treasurer). | tee; and the name and address of |
| Full Name of Treasurer | ana Atencia | |
| Mailing Address | VIOIIOII Siouthwest Freewa | y suite 107 |
| | | |
| | HO:U.Ston STATE | ZIP CODE |
| Title or Position | | 7131-17741-1660 |

9.

| FEC Form 1 (Revise | od 0.2/2009) | | Page 4 | |
|---|----------------------|-----------------|----------|--|
| | | | | |
| Full Name of Designated | | | | |
| Agent Lil | | | | |
| Mailing Address | | | | |
| | | | | |
| | CITY | STATE | ZIP CODE | |
| Title or Position | | ı | | |
| | Telephone | number <u> </u> | | |
| 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 | | | |
| Mailing Address | 148.80 Sweetwater Bl | V_1d_1 | | |
| | | | | |
| | Sugar Land | | 77479- | |
| | CITY | STATE | ZIP CODE | |
| Name of Bank, Depository, etc. | | | | |
| | <u> </u> | | | |
| Mailing Address | | <u> </u> | | |
| | | <u> </u> | | |
| | | | | |
| | CITY | STATE | ZIP CODE | |

| Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMIL The FEC added this page to the end of this filing to indicate | | | | |
|---|-------------------------|--|--|--|
| Hand Delivered | Date of Receipt | | | |
| USPS First Class Mail | Postmarked 4/24/1/ | | | |
| 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): | Shipping Date | | | |
| Next Busin | ness 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 | | | |
| Other (Specify): | f Receipt or Postmarked | | | |
| IN W PREPARER | U/DC/11 DATE PREPARED | | | |
| (3/2005) | | | | |