

12 JUL -9 AM 11:45

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

LUIS AUSSENATE

ADDRESS (number and street)

11280 W 24th STREET #42

(Check if address is changed)

YUMA
CITY ▲

AZ
STATE ▲

85364-6212
ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

LUIS AUSSENATE@GMAIL.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

WWW.LUISAUSSENATE.COM

2. DATE

07 / 02 / 2012

3. FEC IDENTIFICATION NUMBER ▶

0 TO BE ASSIGNED

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

HOWARD DELACRUZ-BANCROFT

Signature of Treasurer

Date

07 / 03 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g. 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)

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FEC Form 1 (Revised 02/2009)

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Write or Type Committee Name

LUIS HUSSENATE

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for 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

HOWARD DELACRUZ-BANCROFT

Mailing Address

P.O. BOX 11985

~~ALBUQUERQUE~~

ALBUQUERQUE

NM

87192

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

505-489-5403

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).

Full Name of Treasurer

HOWARD DELACRUZ-BANCROFT

Mailing Address

P.O. BOX 11985

ALBUQUERQUE

NM

87192

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

505-489-5403

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Full Name of Designated Agent

NONE

Mailing Address

Empty grid lines for mailing address, including fields for CITY, STATE, and ZIP CODE.

Title or Position

Empty grid lines for title or position and 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.

WELLS FARGO BANK, N.A.

Mailing Address

12507 SOUTH AVENUE B.
YUMA AZ 85364

Name of Bank, Depository, etc.

Empty grid line for bank name.

Mailing Address

Empty grid lines for mailing address, including fields for CITY, STATE, and ZIP CODE.

0431249

DN

United States Senate
Post Office



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FOR
INSPECTION

United States Senate
Post Office



FOR
INSPECTION

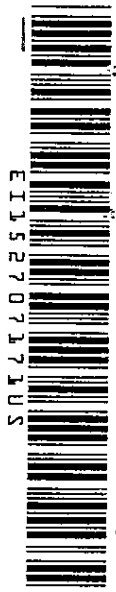


UNITED STATES POSTAL SERVICE

Flat Rate
Mailing Envelope
For Domestic and International Use
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When used internationally
affix customs declarations
(PS Form 2976, or 2976A).



E1152707171US



UNITED STATES POSTAL SERVICE® Post Office To Addressee

Addressee Copy
Label 11-B, March 2004

ORIGIN (POSTAL SERVICE USE ONLY)

PO ZIP Code	Day of Delivery	Postage	Return Receipt Fee
	<input type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd Day	\$ 18.00	
Date Accepted	Scheduled Date of Delivery		
Mo. 2 Day	Month Day		
Year 05	Year Day		
Time Accepted	Scheduled Time of Delivery	GOD Fee	Insurance Fee
<input type="checkbox"/> AM	<input type="checkbox"/> Noon <input type="checkbox"/> 3 PM		
<input type="checkbox"/> PM	Military	Total Postage & Fees	
Flat Rate <input type="checkbox"/> or Weight <input type="checkbox"/> lbs.	2nd Day <input type="checkbox"/> 3rd Day <input type="checkbox"/>	\$ 18.00	
	INT'l Alpha Country Code	Acceptance Emp. Initials	

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Attempt	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Date	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	

CUSTOMER USE ONLY

WAIVER OF SIGNATURE (Domestic Mail Only)
Additional merchandise insurance is void if customer requests waiver of signature. (Waiving signature of addressee or addressee's agent (if delivery is authorized that delivery employee's signature constitutes valid proof of delivery).

NO DELIVERY
Weekend Holiday Mailer Signature

TO: (PLEASE PRINT) PHONE ()

ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES)

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FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW:

FOR PICKUP OR TRACKING
VISIT WWW.USPS.COM
Call 1-800-222-1811



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U.S. SENATE
TRACKING NUMBER
09-028829



0521540271

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United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL 07-03-12
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

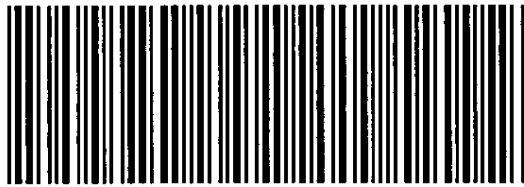
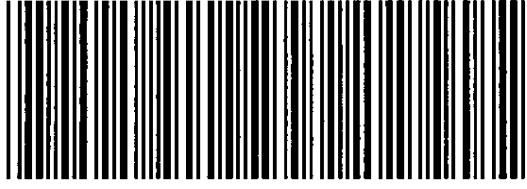
POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER RD DATE PREPARED 07-09-12

12020431251



12020431252