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2010 JUN 28 PH 12: 14

F	FEC FORM	•
	NAME OF	

FEC FORM 1			TATEME! RGANIZ				Office Use Only	1
1. NAME OF COMMITTEE (in	ı full)		Check if name s changed)	Example:If to		\$12FE41	Bartidam udun dun edi	
Republi	can	Par	ity, 10, f	Kenda	1.1.Co	unty		
ADDRESS (number a	nd street)	13:1:4	10 will	d Oak	Hill	<u>i                                    </u>		
(Check if a is changed		Fai	r Oaks	Rand	لنند	K.D.	[7.8.0 <sub>1</sub> ]5	-4101
				CITY		STATE	ZIP C	ODE
COMMITTEE'S E-MA (Check if is change)  COMMITTEE'S WEE	address ed) B PAGE AD	ehu Lii	1.d. so.n.4.c	. 1	cam:			
is change	d)	L	o i o	<del> </del>		<u> </u>	<u>                                     </u>	<u> </u>
3. FEC IDENTIFIC	CATION N	UMBER	C. C	00406	322			
4. IS THIS STATE	MENT	NEW	(N) OR	<b>√</b> AM	ENDED (A)			
I certify that I have of	of Treasure	, Eli:	rabeth	Hudson	n Ste		·	
Signature of Treasur		izalri	th Huds	on Sten	itron	Date C	6 21	2010
NOTE: Submission of	false, errone		omplete information				•	2 U.S.C. §437g.
Office				For furth	er information c	ontact:	EEC EC	NDM 4

L	Office Use Only	For further information contact: Federal Election Commission Toli Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 02/2009)
L_			(Revised 02/2009)

	EC FC	m 1 (Hevised 02/2009)		Page 2
TYPE	OF C	OMMITTEE		
Can	didate	Committee:		
(a)		This committee is a principal campaign	n committee. (Complete the candidate information below.)	
. <b>(b)</b>	industrialists	This committee is an authorized comminformation below.)	ittee, and is NOT a principal campaign committee. (Comple	te the candidate
Name Candi	-			
Candi Party	idate Affiliat	Office Sought:	House Senate President	State District
(c)	A special	This committee supports/opposes only	one candidate, and is NOT an authorized committee.	
Name Candi	-			
Party	y Cor	nmittee: County		
(d)	V	This committee is a CTT		emocratic, publican, etc.) Party.
Polit	ical A	ction Committee (PAC):		
(e)	3000	This committee is a separate segregate	ed fund. (Identify connected organization on line 6.) Its conne	cted organization is a:
		Corporation	Corporation w/o Capital Stock	abor Organization
		Membership Organization	Trade Association	Cooperative
		In addition, this committee	ee is a Lobbyist/Registrant PAC.	
<b>(f)</b>		This committee supports/opposes more committee. (i.e., nonconnected committee	e than one Federal candidate, and is NOT a separate segre	egated fund or party
		In addition, this committee is a L	obbvist/Registrant PAC.	
		garage and the second s	eadership PAC. (Identify sponsor on line 6.)	
Joint	Func	raising Representative:		
(g)	in the		rys fundraising expenses and disburses net proceeds for two of which is an authorized committee of a federal candidate.	or more political
(h)	Per cy Re-cy		ys fundraising expenses and disburses net proceeds for two ones is an authorized committee of a federal candidate.	or more political
	Com	mittees Participating in Joint Fundra		
	1.	1_1_1_1_1_1_1_1_1_1_1	FEC ID number C	eng samenne province po to se sport menten and s Antonia de samenis canenista est metamo est de
	2.		FEC ID number C	
	3.		FEC ID number C	kajarraken jarranijarana jerranijan anteg Postananikara erdina arelina antekto antekt
	4.	<u> </u>	FEC ID number	

í	FEC Form 1 (Revised	02/2009)	Page <b>3</b>
٧	Vrite or Type Committee Nam	3	
<b></b> 6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, o	r Leadership PAC Sponsor
l			
L			
	Mailing Address		
	•		
			1
		CITY STATE	ZIP CODE
	Relationship:	d Organization	re 💯 Leadership PAC Sponsor
7.	Custodian of Records: ide books and records.	ntify by name, address (phone number optional) and position of the per-	son in possession of committee
	Full Name Eilii	rabeth Hudson Steinstiron	<u> </u>
	Mailing Address	B1.410 Wild Oak Hill	<u> </u>
			<u>.                                     </u>
		Itair Oaks Ranch IIIX	780151-14101
	Title or Position	CITY STATE	ZIP CODE
	Treasurer	Telephone number 83	0-9.81-4634
8.	Treasurer: List the name at any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; a assistant treasurer).	nd the name and address of
	Full Name of Treasurer	eabeth Hudson Stenstrom.	<u> </u>
	Mailing Address	31419 Wild Oak Hill	<u> </u>
			<u> </u>
		Fair Oaks Ranch I IIX	7.80.151-141.01
	Title or Position	Telephone number 83	0-981-4634

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Full Name of Designated Elili	zabeth Hudson Ste	nstrom	
Mailing Address	BIHIO Wild Oak H	<u>ilili i i i i i i i i i i i i i i i i i</u>	
		<u> </u>	
	Fair Oaks Ranch	STATE	7.80.151-141.0.11 ZIP CODE
Title or Position Tirle:a:SU:r:e:r:	<u>liiiiii</u> Teleph	none number <u>&amp; 3</u>	0-981-4634
9. Banks or Other Depositori safety deposit boxes or maii	les: List all banks or other depositories in which the ntains funds.	committee deposits fu	nds, holds accounts, rents
Name of Bank, Depository.	etc.		
From	st Bank Boerne	<u> </u>	<u> </u>
Mailing Address	11:3:0:0: S. Main		
			<u> </u>
	Boerne		78006-12822
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		İ
<u>لـنـنـ</u>		<u> </u>	<u> </u>
Mailing Address		<u> </u>	<u> </u>
			11111111
			<u> </u>
	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 6/21/10 Postmarked **USPS** Priority Mail Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **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):