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12010 MAY 18 AH 8: 14

STATEMENT OF

FORM 1		ORGANIZ	ZATION		Office the Code
1. NAME OF COMMITTEE (is	n full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	Office Use Only
REPUBLI	CAN	PARTY OF	KENDALLI CO	שואתא	
	1111			1111	
ADDRESS (number a	and street)	105 JACK	RABBILTI CIRC	LE	
(Check if address is changed)		BOERNE		TX)	78006-
			CITY	STATE	ZIP CODE
COMMITTEE'S E-M/	AIL ADDRES	SS (Please provide only one	e e-mail address)		
F=-7 (Chook if	oddrooo	TKBIRDSA	CEMAIL. COM	1111	
(Check if address is changed)					
COMMITTEE'S WEE	B PAGE ADI	DRESS (URL)			
(Check if is change					
·	•				
2. DATE	5 ' 🔼	1 2010			
3. FEC IDENTIFICATION NUMBER C.O.O.406.322					
4. IS THIS STATEMENT NEW (N) OR AMENDED (A)					
I certify that I have	examined th	nis Statement and to the b	est of my knowledge and belief	it is true, correc	t and complete.
Type or Print Name of Treasurer PATRICIA S. BAKKE					
Signature of Treasur	er	ratricia S	Delhe	Date 0	5 77 50 70
NOTE: Submission of		-	on may subject the person signing		
Office Use Only			For further information Federal Election Commis Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

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		COMMITTEE 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 Cand					
Cand Party	lidate Affiliati	Office State on Sought: House Senate President District			
(c)	ربان السائ	This committee: supports/opposes only one candidate, and is NOT an authorized committee.			
Name Cand					
Part	y Con	nmittee:			
(d)		(National, State (Democratic, This committee is a committee of the committ			
Polit	tical A	ction 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			
		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	t Fund	Iralsing Representative:			
(g)	ر ل	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	mittees Participating in Joint Fundraiser			
	1.	FEC ID number C			
·	· 2.	FEC ID number			
	3.	FEC ID number C			
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_	FEC Form 1 (Revised (02/2009)	Page 3
V	Vrite or Type Committee Name		
			·
6.	Name of Any Connected (organization, Affiliated Committee, Joint Fundralsing Representative, or Leadershi	p PAC Sponsor
L	<u> </u>		1.11111
L			
	Mailing Address		
		CITY STATE Z	IP CODE
	Relationship: 1911 Connectes	d Organization Affiliated Committee Joint Fundraising Representative	orobin DAC Sponsor
	nerationship.	John Folidiasing Representative	eranip PAC aponsor
7.	Custodian of Records: Idea books and records.	ntify by name, address (phone number optional) and position of the person in posse	ession of committee
	Full Name		لتتتت
	Mailing Address		لسسسا
		tree contract contract to the force	. [-]
	Tido on Booking		D 0005
	Title or Position	CITY STATE Z	P CODE
			لــــا-لــ
8.		d address (phone number optional) of the treasurer of the committee; and the name	e and address of
	any designated agent (e.g.,	assistant treasurer).	
	Full Name of Treasurer	LICIA S BAKKE	
	Mailing Address	1305 HWY 46 WEST	ليبيين
		BOERNE TX 7800) ₁ 6 -
			P CODE
	Title or Position	83 AL 124	19-19-2-11
	Mailing Address		<u> </u>
		_	_
	TREASURER	Telephone number 830 - 2 4	19-19071

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Full Name of Designated Agent			
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position			
	Tele	phone number i	<u> </u>
safety deposit boxes or mai Name of Bank, Depository, EROS Mailing Address			78006
Name of Bank, Depository,	etc.		
٠ ــــــا		<u> </u>	
Mailing Address			
		ليا لي	
	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.			
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USPS Express Mail	Postmarked		
Postmark Illegible			
No Postmark			
Overnight Delivery Service (Specify):	Shipping Date		
Next Busin	ess 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):	Receipt or Postmarked		
Car.	5/18/10		
PREPARER (3/2005)	DATE PREPARED		