12050752578

FEC FORM 1

STATEMENT OF **ORGANIZATION**

RECEIVED

2012 MAR -7 AM 9: 03

NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	EC MAIL CENTER			
Tim Wintill For Gongress							
ADDRESS (number and street)	24114 MOINN	ing Dr.		لتتتتا			
(Check if address							
is changed)	Biajyitioiwing 1		TX 7	7,5,20-			
		CITY	STATE	ZIP CODE			
COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)							
(Check if address	Timbarinti	11/forcong	r16531.160	M4 1 1 1 1 1 1 1 1 1			
is changed)							
COMMITTEE'S WEB PAGE ADI	DRESS (URL)						
(Check if address	WIMINI IMI INITI	1,1,f,0,r,C,0,n,g,	ricisisi.icid	m, , , , , , , , , , , , , , , , , , ,			
is changed)		<u> </u>					
2. DATE $\ddot{\mathcal{O}}\ddot{\mathcal{O}}\ddot{\mathcal{O}}\ddot{\mathcal{O}}\ddot{\mathcal{O}}\ddot{\mathcal{O}}\ddot{\mathcal{O}}\ddot{\mathcal{O}}\ddot{\mathcal{O}}\ddot{\mathcal{O}}$ 3. FEC IDENTIFICATION NUMBER C							
4. IS THIS STATEMENT X 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 Shelby Slay							
Signature of Treasurer	J-87		Date 03	' 01 ' 2012			
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 Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)			

5.

TYPE OF CO	OMMITTEE Committee:						
(a) X	This committee is a prin	cipal campaig	n comm	ittee. (Coi	mplete the candidat	e information belo	ow.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)						
Name of Candidate	IT, i m, o, t, h, y	Win	+.i.1	<u>.l </u>	11111		
Candidate Party Affiliation	n Rep	Office Sought:	Χ	House	Senate	Presiden	21.
(c)	This committee supports	s/opposes only	one ca	indidate, a	and is NOT an auth	orized committee	•
Name of Candidate							
Party Com	mittee:						(D
(d)	This committee is a (National, State or subordinate) committee of the				(Democratic, Republican, etc.) Party.		
Political Ad	ction Committee (PA	(C):					
(e)	This committee is a sep	arate segrega	ted fund	l. (Identify	connected organiza	ition on line 6.) Its	connected organization is a:
	Corporation			Corp	oration w/o Capital	Stock	Labor Organization
	Membership Or	ganization		Trad	e Association		Cooperative
	In addition	on, this commit	tee is a l	Lobbyist/F	legistrant PAC.		
(f)	This committee supparts/opposes more than one Federal candidate, and ie NOT a separate segregated fund or party committee. (i.e., nonconnected committee)						
	In addition, this c	ommittee is a	Lobbyist	/Registrar	it PAC.		
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)						
Joint Fund	raising Representat	ive:					
(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	mittees Participating in	Joint Fundr	aiser				
1.					FEC ID	number C	
2.				111	FEC II	number C	
3.					FEC IE	number C	
4.	1 1 1 1 1 1 1 1			111	FEC ID	number C	

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<u> </u>	rite or Type Committee Name		
	· · · · · · · · · · · · · · · · · · ·		
6.	Name of Any Connected C	Organization, Affiliated Committee, Joint Fundralsing Representative, or Lea	dership PAC Sponsor
L		<u> </u>	
L			
	Mailing Address		
			ـــــا-لـــــا
		CITY STATE	ZIP CODE
	Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
7.	Custodian of Records: Identification books and records.	ntify by name, address (phone number optional) and position of the person	in possession of committee
	Full Name Sihieil	libiyi Siliayi i i i i i i i i i i i i i i i i i i	
	Mailing Address	11 Dell Soll Ct	
		Bay town TX 7	7,5,21]-
	Title or Position	CITY STATE	ZIP CODE
	Trieiasiurieiri	Telephone number [2,8,1]	-[6,4,2]-[9,6,6,4
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	ne name and address of
	Full Name of Treasurer Single	16141 S.lay,	
	Mailing Address	11. Dieili Scoili Cti	
			7,5,2,11-
	Title or Position	CITY STATE	ZIP CODE
1	Tirieasiurieiri	Telephone number $[2,8,1]$	-164,21-19,66,4

C.D.M.M.U.N.IT.Y. RESIDURGE CREDITI LUNION

CITY

BAYTOWN

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7,7,5,Z,D-

STATE

ZIP CODE

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent

Mailing Address

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): **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): DATE PREPARED