## 11050694430

FEC FORM 1

## STATEMENT OF ORGANIZATION

RECEIVED
2011 DEC 16 AM 8: 21
911 GENTER

NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5			
ELMA M. AYC	ock it or ica	NGRESS 201	4			
ADDRESS (number and street)	P. Q. BOX. 16.0	27, , , , , , , , ,				
(Check if address						
is changed)	BROWNSVIL	LE.	TY 178	8523-6027		
		CITY	STATE	ZIP CODE		
COMMITTEE'S E-MAIL ADDRES	SS (Please provide only one e-	mail address)				
(Ohoole if address	Ellmolayicoic	KUSIO-PIGIMA	11, 90, M			
(Check if address is changed)				· · · · · · · · · · · · · · · · · · ·		
COMMITTEE'S WEB PAGE ADD	DRESS (URL)					
(Check if address						
is changed)						
2. DATE 12/07/2011						
3. FEC IDENTIFICATION NUMBER C 0 0 5 0 1 9 8 1						
4. IS THIS STATEMENT NEW (N) OR X 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 Christina Aycock						
Signature of Treasurer	ustin Oyord	1	Date /2	09'2011		
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		FEC FORM 1 (Revised 02/2009)		

rage 2					
TYPE OF COMMITTEE  Candidate 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 of Candidate ELMO M AYCOCK III	لـ				
Candidate Office State TX Party Affiliation DEM Sought: House Senate President  District 27					
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name of Candidate					
Party Committee:					
(National, State (Democratic,  (d) This committee is a or subordinate) committee of the Republican, etc.) Part	ty.				
Political Action 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 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.)					
Joint Fundraising 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.					
Committees Participating in Joint Fundraiser					
1. FEC ID number C					
2. FEC ID number C					
3. FEC ID number C					
4.					

1		
FEC Form 1 (Revise	d 02/2009)	Page 3
Write or Type Committee Na	me	
ELMO M. A	TYCOCK FOR CONGRESS 2012	
	Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	
		<u> </u>
Mailing Address		
	CITY STATE	ZIP CODE
	<del>-</del>	<del></del>
Relationship: Connec	ted Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
		-
<ol> <li>Custodian of Records: In books and records.</li> </ol>	dentify by name, address (phone number optional) and position of the person in	possession of committee
Full Name CHR	ISTINA AY COCK	
Mailing Address	P.O. BOX 6027	
-	<u> </u>	
	BIROWNSIVILLE TX 172	85231-16027
Title or Position	CITY STATE	ZIP CODE
Title of Position	CIT	ZIF CODE
BOOK KEEPE	Telephone number 956-	5901-18169
8. Treasurer: List the name any designated agent (e.g	and address (phone number optional) of the treasurer of the committee; and the ., assistant treasurer).	name and address of
Full Name OHA	JISTINA AY.GOCK	111111
Mailing Address	Pa 60× 6027	11111
		111111
	BROWNSVILLE 17.8	523-16027
•	CITY STATE	ZIP CODE
Title or Position TREASURE	Telephone number 9.5.6-	15.9.01-181.69

FEC Form 1 (Revise	ed 02/2009)		Page 4		
Full Name of Designated Agent YiVi O	NNE ESCABAR.				
Mailing Address	P.O. BOX 6027				
	Liliani	1, 1, 1, 1, 1			
	BIRDIUMSIVILLYE	ſΣ	118523-6027		
	СІТУ	STATE	ZIP CODE		
Title or Position ALSISIJISITIANIT	TREASURER Telephone n	umber 3	611-1765-14461		
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.				
BAN	K-OF AMERICA				
Mailing Address	2635 BOGACHIGA BL	V.D.			
•					
	BROWNSU144E		7.85.211-		
	CITY	STATE	ZIP CODE		
Name of Bank, Depository,	etc.				
1	·		,		
			<u> </u>		
Mailing Address					
			<u> </u>		
	CITY	STATE	ZIP CODE		

(3/2005)

## **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): **PREPARER DATE PREPARED**