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STATEMENT OF

2010 JAN 22 AM 9: 29

ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) REPUBLICAN PARTY OF KENDALL COUNTY ADDRESS (number and street) (Check if address is changed) CITY STATE ZIP CODE COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) TXBIRDSACEMAIL. COM (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) 09 2010 **FEC IDENTIFICATION NUMBER** IS THIS STATEMENT 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 Date Signature of Treasurer 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 For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 02/2009) Toll Free 800-424-9530 Only

Local 202-694-1100

	F	FEC Fo	rm 1 (Revised 02/2009)	Page 2
5.		_	ОММІТТЕЕ	
	Can	didate	e 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. (Cominformation below.)	plete the candidate
	Name Cand			<u> </u>
	Cand Party	idate Affiliati	on Sought: House Senate President	State
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name Cand			
	Part	y Cor	nmittee:	
	(d)			(Democratic, Republican, etc.) Party.
	Polit	tical A	ction Committee (PAC):	
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected 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 se committee. (i.e., nonconnected committee)	gregated fund or party
			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	Iraising Representative:	
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
((h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
		Com	mittees Participating in Joint Fundraiser	
		1.	FEC ID number	
		2.		
		3.	FEC ID number	
		4.		- V - V - V - V

FEC Form 1 (Revised (2/2009)	Page 3
Write or Type Committee Name		
6. Name of Any Connected C	rganization, Affiliated Committee, Joint Fundralsing Representativ	e, or Leadership PAC Sponsor
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Represen	ntative Leadership PAC Sponsor
 Custodian of Records: Ider books and records. 	tify by name, address (phone number optional) and position of the	person in possession of committee
Full Name	<u> </u>	
Mailing Address	<u> </u>	
		1111111
		<u> </u>
Title or Position	CITY STATE	ZIP CODE
	Telephone number	
8. Treasurer: List the name and any designated agent (e.g., a	I address (phone number optional) of the treasurer of the committe ssistant treasurer).	e; and the name and address of
Full Name of Treasurer	ICIA S BAKKE	
Mailing Address	1305 HWY 46 WEST	
	BOERINE TX	7.8.0.6 - LI ZIP CODE
Title or Position TREASURER	Telephone number	30-249-19071

FEC Form 1 (R	levised 02/2009)		Page 4
Full Name of Designated Agent		_ <u></u>	
Mailing Address			11111111
	CITY	STATE	ZIP CODE
Title or Position			
	Telephone	number	
safety deposit boxes or Name of Bank, Deposi	tory, etc.	1 1 1 1	
safety deposit boxes or Name of Bank, Deposi	maintains funds.		
safety deposit boxes or Name of Bank, Deposi	r maintains funds. tory, etc. 2057 NATIONAL BANK		
safety deposit boxes or Name of Bank, Deposit	Maintains funds. tory, etc. 2057 NATIONAL BANK V.300 SOUTH MAIN ST		750061-
safety deposit boxes or Name of Bank, Deposi	r maintains funds. tory, etc. 2057 NATIONAL BANK V300 SOUTM MAIN ST	REET	
safety deposit boxes of Name of Bank, Deposit Mailing Address	Remaintains funds. SOST NATIONAL BANK V.300 SOUTM MAIL ST BOERNE CITY	REET. TX	78006-
safety deposit boxes of Name of Bank, Deposition of Bank, Depositi	Remaintains funds. SOST NATIONAL BANK V.300 SOUTM MAIL ST BOERNE CITY	REET. TX	78006-
Name of Bank, Deposition	Tory, etc. 2057 NATIONAL BANK V.300 SOUTH MAIN ST BOERNE CITY tory, etc.	ZEET TY	7.5.0.06 - L
Name of Bank, Deposition	Remaintains funds. SOST NATIONAL BANK V.300 SOUTM MAIL ST BOERNE CITY	ZEET TY	7.5.0.06 - L
Name of Bank, Deposition	Tory, etc. 2057 NATIONAL BANK V.300 SOUTH MAIN ST BOERNE CITY tory, etc.	ZEET TY	7.5.0.06 - L
safety deposit boxes or Name of Bank, Deposi	Tory, etc. 2057 NATIONAL BANK V.300 SOUTH MAIN ST BOERNE CITY tory, etc.	ZEET TY	7.5.0.06 - L

(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 **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