302015047

STATEMENT OF

13 APR -3 FM 2: C7

FEC FORM 1	ORG	ORGANIZATION Office Use Only	
1. NAME OF COMMITTEE (in	full) (Check if	, , ,	ype 12FE4M5
DAY fo	r Senate		4-i-l-l-l-l-l-l-l-l-l-l-l-l-l-l-l-l-l-l-
	_		
ADDRESS (number and (Check if a is changed)	d street) T.U.BO.\ Idress		
	4 .	ton Island	STATE A ZIP CODE A
COMMITTEE'S E-MAI	_ ADDRESS		
(Check if are is changed)	Optional Second I	E-Mail Address	il.com
COMMITTEE'S WEB (Check if ac is changed)			:DA:y:o:Com
2. DATE	127120.i3		
3. FEC IDENTIFICA	TION NUMBER	C	· .
4. IS THIS STATEME	NT NEW (N)	OR AMENDED	(A)
I certify that I have exa	mined this Statement and to	the best of my knowledge and b	elief it is true, correct and complete.
Type or Print Name of	reasurer	Timothy Day	
Signature of Treasurer	1 Cat	LIT. Day	Date 27 2013
NOTE: Submission of fal	e, erroneous, or incomplete info ANY CHANGE IN INF	ormation may subject the person sign	ning this Statement to the penalties of 2 U.S.C. §437g. ED WITHIN 10 DAYS.
Office Use Only		For further informs Federal Election Co Toll Free 800-424-9: Local 202-694-1100	mmission FEC FURW 1

This committee is a principal campaign committee. (Complete the candidate information below.)

House

This committee supports/opposes only one candidate, and is NOT an authorized committee.

(National, State

or subordinate) committee of the

This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

Trade Association

Corporation w/o Capital Stock

Office

Sought:

This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate

Senate

FEC Form 1 (Revised 02/2009)

information below.)

This committee is a

Corporation

Membership Organization

Political Action Committee (PAC):

TYPE OF COMMITTEE Candidate Committee:

(a)

(b)

(c)

(d)

(e)

Name of Candidate

Name of Candidate

Candidate

Party Affiliation

Party Committee:

Page 2

State

District

(Democratic,

Republican, etc.) Party.

Labor Organization

Cooperative

President

χει σουρών αναγραφίας σου

Page 3

FEC Form 1 (Revised 02/2009)

FEC Form 1 (Revi	sed 0.2/2009)		Powe A
	22.000)		Page 4
Full Name of Designated Agent	nothy Day		<u> </u>
Mailing Address	Po Boy 33:11.		
	•		<u></u>
Education (C	Galveston Island	STATE	77552 [] ZIP CODE
Title or Position T: Y C: A S. Y. Y. E: Y	Telephone n	umber 2	02-674-8190
Banks or Other Deposito safety deposit boxes or ma Name of Bank, Depository,		ittee deposits	s funds, holds accounts, rents
Cap	ital ONE BANK		<u> </u>
Mailing Address	ital ONE BANK	1111	<u> </u>
	<u> </u>		
	Houston	IX	77257
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
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Mailing Address			
	<u> </u>	<u> </u>	
		<u></u>	المناسلسلسا "المسلسلسا
	CITY	STATE	ZIP CODE

1,23429 1/32983 40 (304 3311) Calveston Island, Toxas 77552





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