

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

1000 MAIL CENTER

American Bicentennial Baby PAC

ADDRESS (number and street)

PO Box 3311

(Check if address
is changed)

Galveston Island

CITY ▲

TX

STATE ▲

77552-0311

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address
is changed)

Mr. Timothy Day@gmail.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

www.TimothyTerrellDay.com

2. DATE

02 28 2013

3. FEC IDENTIFICATION NUMBER ▶

C 00522532

4. IS THIS STATEMENT

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

Timothy T. Day

Signature of Treasurer

Timothy T. Day

Date

02 28 2013

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
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Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

13031043483

5. 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 _____

Candidate Party Affiliation _____ Office Sought: _____ House _____ Senate _____ President _____ State _____ District _____

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

(d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

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 _____
2. _____ FEC ID number C
3. _____ FEC ID number C
4. _____ FEC ID number C

13031043484

T.A.

Write or Type Committee Name

American Bicentennial Baby PAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Timothy for Congress

~~Timothy for Congress~~

Mailing Address

PO Box 3311

Galveston Island

TX

77552-0311

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Timothy Day

Mailing Address

PO Box 3311

Galveston Island

TX

77552-0311

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

202-674-8190

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

Timothy Day

Mailing Address

PO Box 3311

Galveston Island

TX

77552-0311

CITY

STATE

ZIP CODE

Title or Position

Treasurer

Telephone number

202-674-8190

13031043485

Full Name of Designated Agent

Lori Rocha

Mailing Address

PO Box 3311

Galveston Island

CITY

TX

STATE

77552-0311

ZIP CODE

Title or Position

Asst Coordinator

Telephone number

202-674-1819

9. 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.

[Empty line for Name of Bank, Depository, etc.]

Mailing Address

[Empty line for Mailing Address]

[Empty line for Mailing Address]

[Empty line for Mailing Address]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty line for Name of Bank, Depository, etc.]

Mailing Address

[Empty line for Mailing Address]

[Empty line for Mailing Address]

[Empty line for Mailing Address]

CITY

STATE

ZIP CODE

13031043486

Federal Election Commission
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No Postmark


Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

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Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked


PREPARER 3/5/13
DATE PREPARED

13031043487