

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED PAGE 176 SECRETARY OF THE SENATE PUBLIC RECORDS

2018 JUN 27 PM 4:41

Office Use Only

1. NAME OF COMMITTEE (in full)

checkbox

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

Beto for Texas

ADDRESS (number and street)

PO Box 3628

checkbox

(Check if address is changed)

El Paso

CITY

TX

STATE

79923

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

checkbox

(Check if address is changed)

ckoob@mbacg.com

Optional Second E-Mail Address

beto@betofortexas.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

checkbox

(Check if address is changed)

www.betofortexas.com

2. DATE

06 / 27 / 2018

3. FEC IDENTIFICATION NUMBER

C C00501197

4. IS THIS STATEMENT

checkbox

NEW (N)

OR

checkbox with 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

Asst.

Pulido, Gwendolyn L.

Male, Steven

Signature of Treasurer

Asst.

Pulido, Gwendolyn L.

Date

06 / 27 / 2018

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

FEC FORM 1 (Revised 06/2012)

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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 O'Rourke, Robert, Beto, ,

Candidate Party Affiliation:  DEM      Office Sought:  House  Senate  President      State:  TX  
 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  C \_\_\_\_\_

2. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_

3. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_

4. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_

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Write or Type Committee Name

Beto for Texas

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

2018 Senate IMPACT

Mailing Address

918 Pennsylvania Ave SE

Washington

DC

20003

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 Koob, Christopher, . .

Mailing Address 611?Pennsylvania Avenue, SE

#143

Washington

DC

20003

Title or Position

CITY

STATE

ZIP CODE

Custodian of Records

Telephone number

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 Pulido, Gwendolyn, L, .

Mailing Address PO Box 3628

El Paso

TX

79923

CITY

STATE

ZIP CODE

Title or Position Treasurer

Telephone number

915

525

6027

201806270200477492

Full Name of Designated Agent Mele, Steven, . . .

Mailing Address 611 Pennsylvania Avenue, SE #143 Washington DC 20003 CITY STATE ZIP CODE

Title or Position Assistant Treasurer Telephone number:

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.

United Bank of El Paso del Norte

Mailing Address 125 Mesa Hills Drive El Paso TX 79912 CITY STATE ZIP CODE

Name of Bank, Depository, etc.

WestStar Bank

Mailing Address 504 N Mesa St El Paso TX 79901 CITY STATE ZIP CODE

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5(g) or (h). Joint Fundraising Participant:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

FEC ID number **C** \_\_\_\_\_

FEC ID number **C** \_\_\_\_\_

FEC ID number **C** \_\_\_\_\_

FEC ID number **C** \_\_\_\_\_

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

O'Rourke Washington Democratic Victory Fund

\_\_\_\_\_

\_\_\_\_\_

Mailing Address \_\_\_\_\_

119 1st Avenue South \_\_\_\_\_

Suite 320 \_\_\_\_\_

Seattle \_\_\_\_\_ WA \_\_\_\_\_ 98104 \_\_\_\_\_

Relationship: \_\_\_\_\_ CITY ▲ STATE ▲ ZIP CODE ▲

Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

\_\_\_\_\_ Telephone Number \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

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. Bank of America \_\_\_\_\_

Mailing Address \_\_\_\_\_

330 N Mesa St \_\_\_\_\_

El Paso \_\_\_\_\_ TX \_\_\_\_\_ 79901 \_\_\_\_\_

CITY ▲ STATE ▲ ZIP CODE ▲

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5(g) or (h). **Joint Fundraising Participant:**

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_

FEC ID number **C** \_\_\_\_\_  
 FEC ID number **C** \_\_\_\_\_  
 FEC ID number **C** \_\_\_\_\_  
 FEC ID number **C** \_\_\_\_\_

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

\_\_\_\_\_  
 \_\_\_\_\_

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_

Relationship: \_\_\_\_\_ CITY ▲ STATE ▲ ZIP CODE ▲

Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_

TITLE OR POSITION ▼ \_\_\_\_\_ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone Number \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

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, **Amalgamated Bank**  
 Depository, etc. \_\_\_\_\_

Mailing Address **1825 K St NW**  
 \_\_\_\_\_

**Washington** \_\_\_\_\_ **DC** \_\_\_\_\_ **20006**  
 CITY ▲ STATE ▲ ZIP CODE ▲

201806270200477495

Faxed  
or  
Hand Delivered

201808270200477498

# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED 6/27/18  
Date of Receipt

USPS FIRST CLASS MAIL \_\_\_\_\_  
Date of Receipt Postmark

USPS REGISTERED/CERTIFIED \_\_\_\_\_  
Postmark

USPS PRIORITY MAIL \_\_\_\_\_  
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL \_\_\_\_\_  
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

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Date of Receipt

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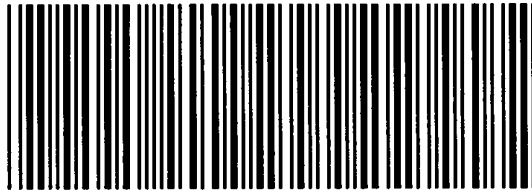
FAX \_\_\_\_\_  
Date of Receipt

OTHER \_\_\_\_\_  
Date of Receipt or Postmark

PREPARER BP DATE PREPARED 6/27/18

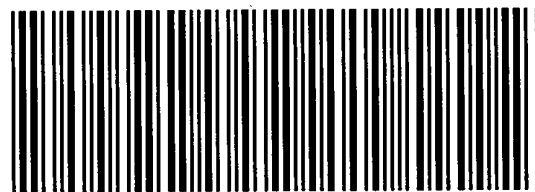
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