

FEC
FORM 1

STATEMENT OF
ORGANIZATION

RECEIVED
2013 DEC 17 AM 7:06
FEC MAIL CENTER
Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

F R I E N D S O F W E S L E Y R E E D

ADDRESS (number and street) 8 2 3 N T A N C A H U A S T R E E T
(Check if address is changed)
C R P C H R I S T I T X 7 8 4 0 1

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)
(Check if address is changed) W E S L E Y F O R C O N G R E S S @ G M A I L . C O M

COMMITTEE'S WEB PAGE ADDRESS (URL)
(Check if address is changed) W W W . W E S L E Y F O R C O N G R E S S . C O M

2. DATE 1 2 / 0 9 / 2 0 1 3

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT X 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 T E R E S A K L E I N

Signature of Treasurer  Date 1 2 / 0 9 / 2 0 1 3

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.

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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 W E S L E Y C R A I G R E E D

Candidate Party Affiliation DEM Office Sought: House Senate President State TX District 27

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

Name of Candidate W E S L E Y C R A I G R E E D

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
- 3. _____ FEC ID number
- 4. _____ FEC ID number

13031143546

Write or Type Committee Name

F R I E N D S O F W E S L E Y R E E D

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

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

T E R E S A K L E I N

Mailing Address

3 5 0 1 M O N T E R R E Y S T R E E T

[Empty grid lines for address]

C R P C H R I S T I T X 7 8 4 1 1

Title or Position

CITY

STATE

ZIP CODE

T R E A S U R E R

Telephone number 3 6 1 - 5 4 9 - 2 1 6 5

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

T E R E S A K L E I N

Mailing Address

3 5 0 1 M O N T E R R E Y S T R E E T

[Empty grid lines for address]

C R P C H R I S T I T X 7 8 4 1 1

Title or Position

CITY

STATE

ZIP CODE

T R E A S U R E R

Telephone number 3 6 1 - 5 4 9 - 2 1 6 5

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Full Name of Designated Agent

TERESA KLEIN

Mailing Address

3501 MONTERREY STREET

CRP CHRISTI TX 78411

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number

361-549-2165

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.

USAA FEDERAL SAVINGS BANK

Mailing Address

10750 MCDERMOTT FREEWAY

SAN ANTONIO TX 78288-9876

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

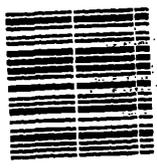
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Teresa Klein
3501 Monterrey St.
Corpus Christi TX 78411



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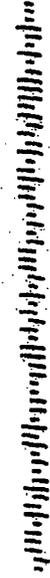
20463

1000

Federal Election Commission
999 E. Street NW
Washington, P.C. 20463

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ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked
12/10/13

USPS Registered/Certified Postmarked (R/C)

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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

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

Amo 12/17/13
 PREPARER DATE PREPARED

13031143550