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FEC FORM 1

STATEMENT OF ORGANIZATION

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NAME OF COMMITTEE (in	full)		(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	bookershoo	
ELMIO M.	AYC	oiciki	FUR CO	NGRESS, 201	· · · · · · · · · · · · · · · · · · ·	·	
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ADDRESS (number ar	nd street)	PD	BOX 60	27			
(Check if ad	ldress	سيا	· .		1 1 1 1 1		
is changed)		BR	DWNSVIL	<u>L8</u>	TX	785231-602	7
		•	·	CITY	STATE	ZIP CODE	
COMMITTEE'S E-MA	IL ADDRE	SS (Pleas	se provide only one e	-mail address)	-		
(Check if a is changed		- اول ليا	mo, a, y, c, oc	Kusaegmai	1. com	Lot Lot SKIPS I	الله
COMMITTEE'S WED	DAGE AD	DDECC I		w. Co., T. N. N. NEBONIED V			
COMMITTEE'S WEB	PAGE AD	I DRESS (UNL)	read and for the PARS to BIGHT 3. In the last temperature of the management of	tine Patient - 4 cm i The second of a present of	Carlot Marie Community (1915) (1916) (2) Community of experts a context to the context to the	.,
(Check if a is changed		بالل					
2. DATE	ing in the second	ns 94.2	nsug 1 to fave field.	терестин этагрийн үл	y la y noment	Parameter (1995)	
3. FEC IDENTIFIC	ATION N	UMBER	CL0	0501981	14.4、 14.4.14.14.14.14.14.14.14.14.14.14.14.14	- PEZPAの企業((6) 15 ²⁰⁰ ps 9 7685/8 866 **・・・デザ1 pd Condition (8779000) **	-
4. IS THIS STATEN	MENT	NEV	V (N) OR	AMENDED (A)			•
I certify that I have e	xamined t	his Staten	nent and to the best	r of my knowledge and belief	it is true, correct	and complete.	
Type or Print Name of	of Treasure	, Ch	ristina A	ycock	· .		<u>.</u>
Signature of Treasure		rusti	ne Ayeor	K	Date <u>63</u>	14 ao.j.	à
NOTE: Submission of f	alse, erron			may subject the person signing ON SHOULD BE REPORTED \		the penalties of 2 U.S.C. §43	7g.
Office Use Only	,			For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)	

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		COMMITTEE
	٠,	e Committee:
	(a) X	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	ELMO M AVCOCK
	Candidate Party Affilia	tion DEM Office State Senate President Date
	(c)	District 5.11 This committee supports/opposes only one candidate, and is NOT an authorized committee.
	Name of Candidate	
	Party Co	mmittee:
	(d)	(National, State (Democratic, This committee is a 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 Lebbyist/Registrant PAC.
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
	Joint Fun	dralsing 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.
	Con	nmittees Participating in Joint Fundraiser
	1.	FEC ID number
•	2.	FEC ID number
	3.	FEC ID number
	4.	

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Write or Type Committee Nam	e .				
ELMO M. AYC	OCK FOR CO	MGRESS 2	012		
6. Name of Any Connected	Organization, Affiliate	ed Committee, Joi	nt Fundraising Rep	resentative, o	or Leadership PAC Sponsor
Mailing Address				1111	
	• .	CITY		STATE	ZIP CODE
Relationship: Connecte	ed Organization Aff	filiated Committee	Joint Fundraising	Representat	ve Leadership PAC Sponsor
 Custodian of Records: ide books and records. 	ntify by name, addres	s (phone number -	optional) and posit	ion of the pe	rson in possession of committee
Full Name CHR	15TUNA.	AYGOCK	<u> </u>		
Mailing Address	Pa Box		 	<u>.</u>	
	سسسا	<u> </u>	 	1.1 1.1	
	BROWNSI	511445	لبنيت	ITXI	1785231-16027
Title or Position		CITY	•	STATE	ZIP CODE
BOOKKEEPE	R		Telephone num	nber 95	61-15901-181176
3. Treasurer: List the name ar any designated agent (e.g.,		mber optional) of	the treasurer of the	committee;	and the name and address of
Full Name CHR	LSTILNA.	AVCOCK			
Mailing Address	P.O. BOX	16.0.27	! 	1.1.1.1	
		<u> </u>	<u> </u>	1111	· ·
٠.	BROWNSI	CITY		TX STATE	7.8.5.231-6.0.2.7 ZIP CODE
Title or Position	, 		Telephone nun	as	[6-590-81,76

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			•	
Full Name of Designated Agent Y\D_I	NNE ESCOBAR			
Mailing Address	P.O. BOX 16027			
			1.1.1.1	
	BROWNSVILLEE		TX	118,523-60,27
Title or Position	CITY	ı	STATE	ZIP CODE
	TIRIEASIURIER	Telephone nur	nber <u>34</u>	11-17651-14461
<u> </u>				
safety deposit boxes or mail Name of Bank, Depository,				unds, holds accounts, rents
Mailing Address	26.35 BOCA C			
	BROWNSVILLE		IX	78521-
	CITY		STATE	ZIP CODE
Name of Bank, Depository,	etc.			
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Mailing Address		<u> </u>	<u> </u>	
		<u> </u>	<u> </u>	
				لبيا-لبيا
	CITY		STATE	ZIP CODE
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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how if was received. **Date of Receipt Hand Delivered** Postmarked_i USPS First Class Mail Postmarked (R/C) **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