FEC FORM 1	STATEMENT OF ORGANIZATION	RECEIVED 2011 NOOM- 950 ANY 10: 56													
1. NAME OF COMMITTEE (in full)	(Check if name Example: If typin is changed) over the lines.	CONTRACTOR DATE AND ADDRESS AND ADDRESS													
COMULTIE	COMMETTEE TO ELECT DAN GRANT														
ADDRESS (number and str	$(1) = \frac{1}{2} \frac{2}{1} \frac{1}{1} \frac{1}{1$	$R_{1}SUJTE_{2}OO$													
(Check if addres is changed)	$\mathcal{A}_{\mathcal{U}}\mathcal{S}_{\mathcal{T}}\mathcal{I}_{\mathcal{U}}\mathcal{V}_{\mathcal{U}}\mathcal{I}_{\mathcal{U}}\mathcal{U}}\mathcal{I}_{\mathcal{U}}\mathcal{U}_{\mathcal{U}}\mathcal{U}\mathcal{U}}_{\mathcal{U}}\mathcal{U}_{\mathcal{U}}\mathcal{U}_{\mathcalU}\mathcal$	[7 ;8;7; 4 6]-[6;9;4;1]													
	CITY	STATE ZIP CODE													
COMMITTEE'S E-MAIL AL	DDRESS (Please provide only one e-mail address)														
(Check if addre is changed)	I.N. FORDANSTRANT FO	RCONGRESISI													
COMMITTEE'S WEB PAG	E ADDRESS (URL)														
is changed)	WWW.DANGRANTFOR	$c_0 \mathcal{M}_{\mathcal{S}} \mathcal{R}_{\mathcal{E}} S_1 S_1 \cdot c_0 \mathcal{M}_{\mathcal{H}}$													
2. DATE	0412011														
3. FEC IDENTIFICATIO		9.5													
4. IS THIS STATEMENT		DED (A)													
I certify that I have exam	ined this Statement and to the best of my knowledge	and belief it is true, correct and complete.													
Type or Print Name of Tre	easurer <u>Steven</u> M. Mille	<u>(</u>													
Signature of Treasurer	St-file	Date 11 64 2011													
NOTE: Submission of false,	erroneous, or incomplete information may subject the per ANY CHANGE IN INFORMATION SHOULD BE RE	son signing this Statement to the penalties of 2 U.S.C. §437g. PORTED WITHIN 10 DAYS.													
Office Use Only															

TYPE OF	COMMITTEE														
Candidate 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	DANTEL SCOTT GRANT														
Candidate Party Affilia	State TX														
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.															
Name of Candidate															
Party Co	mmittee:														
(d)] This committee is a (National, State (Democratic, or subordinate) committee of the 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														
	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 Fur	draising 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.														
(L) [27]	This complete collects contributions, pour fundacions contrations and disturges not presented for two or more political														

(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.		
2.		
3.		
4.		

5.

Page 2

Page 3

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Write or Type Committee Name

6.	Name of Any Connected (Organizatior	, Affiliated Comr	nittee, Joint Fundrals	sing Representative,	or Leadership PAC Sponsor
ł						
	Mailing Address					
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	i		Galecold			tive Leadership PAC Sponso
7.	books and records.					erson in possession of committee
	Full Name	$I \in N_{ }$	MILLER			
	Mailing Address	$1_{1}2_{10}$	1, SP.46	LAS SJAR 1	STE 200	
		AUST	$T_{\mathcal{I}} = \mathcal{N}_{ }$		Tat	7.87.46-69.41
	Title or Position		CITY	,	STATE	ZIP CODE
	TREASURER			1Telep	hone number 5	172-1633-1672019
8.	Treasurer: List the name an any designated agent (e.g.,			optional) of the treasu	rer of the committee;	and the name and address of
	Full Name of Treasurer	76N	MALLER		1 1 1 1 1 1	
	Mailing Address	120	1_15, PyGi	LASIS , PR	Sitie Zio	<u>a</u>

	CITY	SIAI	C	ZIF CODE
Title or Position		Telephone number	5/2-6	<u>6,3,3</u>]- <u> 6,2,09</u>]

Full Name of Designated Agent	KOLBY, MAXWELL
Mailing Address	
	CITY STATE ZIP CODE
Title or Position $A_1 \leq 1 \leq 1 + 1$	$T_{R} \in A_{S} \subseteq R \in R = T_{1} $ Telephone number $S_{1} = 63_{3} = 62_{9}$

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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.

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Name of Bank, Depository, etc.																												
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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 it was received.

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