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FEC FORM 1

STATEMENT OF **ORGANIZATION**

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2014 MAR LL AM 9: 15

(Revised 06/2012)

			LU CINICA /US	e Only Ruis I -			
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5 FECT	TAIL CENTER			
Committee	tion Elleration	Michael De	-acy				
US Comgnesi	SI TIEXIAS ID	istruct 28					
ADDRESS (number and street)	512115 CITE	stiway Loti 2					
(Check if address is changed)							
	Sian Ainitiói	NIOIIIII	STATE A	3.9 ZÍP CODE ▲			
COMMITTEE'S E-MAIL ADDRE	SS						
(Check if address is changed)	Mandolph	metrochotm	allicam				
,	Optional Second E-Mail A						
COMMITTEE'S WEB PAGE ADD (Check if address is changed)							
2. DATE 03 02 2014							
3. FEC IDENTIFICATION N	UMBER ▶ C	20.5.5.5.0.0.3					
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)					
I certify that I have examined th	nis Statement and to the be	est of my knowledge and belief	it is true, correct and com	plete.			
Type or Print Name of Treasure	Michae	1 D. Cary					
Signature of Treasurer	Milad	Cary	Date 0.3	2 2014			
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		For further information Federal Election Commi	ssion	C FORM 1			

Toll Free 800-424-9530 Local 202-694-1100

	1 20 10	Tage 2
		OMMITTEE
Çar	ndidate	e Committee:
(a)	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.)
	ne of didate	Michael D Cany
	didate	Office State
Part	y Affiliation	on <u>6.K.N.</u> Sought: M. House <u>I</u> Senate President District 28
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
Nam Can	e of didate	
Par	ty Con	nmittee:
(d)		(National, State (Democratic, or subordinate) committee of the Republican, etc.) Party.
Pol	itical A	ction 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.)
Joir	nt Fund	Iraising 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)	173	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.
	Com	mittees Participating in Joint Fundraiser
	1.	FEC ID number C
	2.	FEC ID number C
	3.	FEC ID number C
	4.	
	⊸.	

٧	Vrite or Type Committee Nam	ue	Section 4
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	rship PAC Sponsor
	; ;		 . 1
L	1 1 1 1 1	_	
L			
	Mailing Address		
		CITY STATE	ZIP CODE
		ed Organization Affiliated Committee Joint Fundraising Representative L	
7.	Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the person in p	ossession of committee
	Full Name Muc	had D Cary	
	Mailing Address	6,215 Cirestway Cot 2	
		San Antonia	239-
	Title or Position	CITY STATE	ZIP CODE
,	Custodia	Telephone number QrP - [85H1-6605
8.	Treasurer: List the name a any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the rassistant treasurer).	name and address of
	Full Name of Treasurer	hael D Cary	
	Mailing Address	512113 Creisitway Lot 2	
		CITY STATE	2139 - LIIII ZIP CODE
	Title or Position	Telephone number 2160 - L	8541-1616051
		·	

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Mailing Address

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent

12

CITY

STATE

ZIP CODE

Michael Cary S215 Crestway Lot 2 SATX 18239

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2014 MAR 11 AH 9: 15
ECMAIL CENTER

Federal Election Commission
999 E Street
Washington DC

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Hand Delivered	ate of Receipt
USPS First Class Mail	ostmarked 3/6/14
USPS Registered/Certified	ostmarked (R/C)
USPS Priority Mail	ostmarked
USPS Priority Mail Express	østmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	hipping Date
Next Business Day	Delivery
Received from House Records & Registration Office	ate of Receipt
Received from Senate Public Records Office	ate of Receipt
Received from Electronic Filing Office	ate of Receipt
Other (Specify):	or Postmarked
R	3/11/14
PREPARER D (8/2013)	ATE PREPARED