FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

2012 JAN -4 PM 3: 54 FEC MAIL CENTER

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1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	den gerage of Security of Security (Security of Security of Securi
ISANTA RITA	+ SUPERPAC		 	
	<u> </u>			
ADDRESS (number and street)	82,00, DOUG	LAS ANENUE	<u> </u>	
. (Check if address	5,0,T,T,E, 30,0		1 1 1 1 1	
is changed)	DALLAS		TX	7,5,2,2,5]-
	•	CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRE	SS (Please provide only one e-	mail address)		
(Check if address			<u> </u>	
· (Check if address is changed)		· 		
00141477777011177				
COMMITTEE'S WEB PAGE AD				
(Check if address	MINING ILIO ULIO	ul - su perpe		<u> </u>
is changed)			1111	
2. DATE	3011			·
3. FEC IDENTIFICATION NU	JMBER C			
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined th	nis Statement and to the best	of my knowledge and belief i	t is true, correct	and complete.
Type or Print Name of Treasure	, Donald H	uffines		
Signature of Treasurer	Daniel / fr	ffens	Date /	13 3011
NOTE: Submission of false, errone	ous, or incomplete information in			the penalties of 2 U.S.C. §437g.
Office Use		For further information of Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

_		
-		COMMITTEE
Ca	edidat	e 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.)
	me of indidate	<u> </u>
	ndidate rty Affiliat	Office State tion Sought: House Senate President District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
	me of ndidate	
Pa	rty Cor	mmittee:
(d)		(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party
Po	litical A	Action Committee (PAC):
(e)	: ` .	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is
		Corporation Corporation w/o Capital Stock Labor Organization
		Membership Organization Trade Association Cooperative
	8.0	In addition, this committee is a Lobbyist/Registrant PAC.
(f)	X	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.)
.loi	nt Func	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.
(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.
	Com	amittees Participating in Joint Fundraiser
	1.	7 Co to named (O:
	2.	FEC ID nember C
	3.	FEC ID number C
	4.	
		The state of the s

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Write o	r Type Committee Nam	10		
6. Nam	e of Any Connected	Organization, Affiliated Committee, Joint	Fundraising Representative, o	r Leadership PAC Sponsor
Ш				
Mailii	ng Address			
	3			
			_ 	
		CITY	STATE	ZIP CODE
Relat	tionship. Connecte	ed Organization Affiliated Committee	Joint Fundraising Representative	/e Leadership PAC Sponsor
'. Cust	odian of Records: Ide	entify by name, address (phone number o	potional) and position of the pers	son in possession of committee
	s and records.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
E.D I	Name DON	A,L,D, H,U,F,F,I,N,E,S,		
		182,0,0, DO,U,G,L,A,S,		
Mailli	ng Address	15,0,1,T,E, 3,0,0		
		$D_1A_1L_1L_1A_1S_1$	1 17041	17.6.2.2.6.1
				7,5,2,2,5]-[
Title	or Position	CITY	STATE	ZIP CODE
18.2	ESIDENT		Telephone number 12,1	41-15,26-13,000
	urer: List the name ar lesignated agent (e.g.,	nd address (phone number optional) of the assistant treasurer).	e treasurer of the committee; an	nd the name and address of
Full N	lame 🗘 🚮	A.A. U. (C. U.)		
of Tre	easurer D ₁ 0 N ₁	ALD HUFFINES		
Mailin	ig Address	[8,20,0, D,0,0,6,6,6,A,5, A	INENUE	
		15,0,1,T,E, 13,0,0		
		DALLEAS CITY	STATE	7.5.2.5
	or Position REASURER	_		
	CINDURER		Telephone number	4-526-3000

	i e		
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Full Name of Designated Agent			
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position	Telephone nun	nber	
Name of Bank, Dep	s or maintains funds.		
ıL	LAINSCAPITAL BANK		
	•		
ıL	BIZOD DOWGZAS AVENUE	<u> </u>	T.E. 2001
ıL	BIZOD, DOWGZAS, AVENUE		
ıL	BIZOD DOWGZAS AVENUE	<u> </u>	T.E. 2001
ıL	BAINSCAPITAL BANK	الايتا الايتا	T ₁ E ₁ : 2,0 0
Mailing Address	BAINSCAPITAL BANK	الايتا الايتا	T ₁ E ₁ : 2,0 0
Mailing Address	BAINSCAPITAL BANK	الايتا الايتا	T.E. : 2:0:0: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Mailing Address Name of Bank, Depo	BAINSCAPITAL BANK	الايتا الايتا	T ₁ E ₁ : 2,0 0
Mailing Address Name of Bank, Depo	BAINSCAPITAL BANK	الايتا الايتا	T.E. : 2:0:0:

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. Date of Receipt **Hand Delivered Postmarked 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):

DATE PREPARED

(3/2005)

PREPARER