Only

PAGE 1 / 4

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 X COMMITTEE (in full) over the lines. is changed) SOUTH TEXAS SUGAR CANE PRODUCERS PAC 2.5 MILES WEST ON HIGHWAY 107 ADDRESS (number and street) PO BOX 459 (Check if address is changed) SANTA ROSA 78593 TX CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS abriones@rgvsugar.com (Check if address is changed) Optional Second E-Mail Address ∣abernal@rgvsugar.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 09 2016 C00185686 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT 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. Armando Briones JR Type or Print Name of Treasurer Armando Briones JR [Electronically Filed] 80 2016 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Use

Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

(Revised 06/2012)

	FEC <b>Fo</b> i	rm 1 (Revised 02/2009)	Page <b>2</b>
		OMMITTEE 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. (Corinformation below.)	nplete the candidate
Nam Cand	e of didate		
	didate / Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee: (National, State	(Democratic,
(d)		This committee is a or subordinate) committee of the	Republican, etc.) Party
Poli	tical A	ction Committee (PAC):	
(e)	$\times$	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is
		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 s committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	raising Representative:	
(g)	П	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t	
(h)		committees/organizations, at least one of which is an authorized committee of a federal candidate.  This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, none of which is an authorized committee of a federal candidate.	
	Com	mittees Participating in Joint Fundraiser	
	1.		
	2.		
	3.		
	4.	FEC ID number C	

FEC Form 1 (Revised	02/2009)	Page <b>3</b>
Write or Type Committee Nan	ne	
SOUTH TEXAS	S SUGAR CANE PRODUCERS PAC	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	lership PAC Sponsor
NONE		
Mailing Address		
·		
		-
	CITY STATE	ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
<ol> <li>Custodian of Records: Ide books and records.</li> </ol>	entify by name, address (phone number optional) and position of the person in	possession of committee
Armando Full Name	Briones JR	
Mailing Address	PO BOX 459	
J		
	Santa Rosa TX 7859	3
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 956	636   -   1411
8. <b>Treasurer:</b> List the name a any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	name and address of
Full Name Armando of Treasurer	Briones JR	
Mailing Address	PO BOX 459	
	Santa Rosa TX 7859  CITY STATE	3 ZIP CODE
Title or Position	OIT SINE	211 0002

Telephone number

, 20 <b>10</b> 111	n 1 (Revised 02/2009)	Page <b>4</b>
Full Name of Designated		, , , , , , , , , , , , , , , , , , ,
Agent		
Mailing Address		
	CITY STATE ZI	P CODE
Title or Position		1 1
	Telephone number	
Mailing Address	Elsa State Bank PO Box 397 Elsa TX 78543	
Mailing Address	PO Box 397  Elsa TX 78543	IP CODE
Mailing Address  Name of Bank, I	PO Box 397  Elsa  CITY  STATE  ZI	IP CODE
	PO Box 397  Elsa  CITY  STATE  ZI	IP CODE
	PO Box 397  Elsa  CITY  STATE  ZI	IP CODE
Name of Bank, [	PO Box 397  Elsa  CITY  STATE  ZI	IP CODE
Name of Bank, [	PO Box 397  Elsa  CITY  STATE  ZI	IP CODE