

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED 2013 SEP 30 AM 8:22 Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

T E X A S I N T E R N A T I O N A L P R O D U C E A S S N T E X P A C

ADDRESS (number and street)

9 0 1 B U S I N E S S P A R K D R S T E # 5 0 0

(Check if address is changed)

M I S S I O N T X 7 8 5 7 2

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

b r e t . e r i c k s o n @ t e x i p a . o r g

Optional Second E-Mail Address

l i l l y . g a r c i a @ t e x i p a . o r g

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

w w w . t e x i p a . o r g

2. DATE 0 9 / 2 4 / 2 0 1 3

3. FEC IDENTIFICATION NUMBER C 0 0 4 2 9 2 1 7

4. 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.

Type or Print Name of Treasurer Bret Erickson

Signature of Treasurer

[Handwritten Signature]

Date

0 9 / 2 4 / 2 0 1 3

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 Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

13031120794

5. TYPE OF COMMITTEE

Candidate 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.)

Name of Candidate _____

Candidate Party Affiliation	Office Sought:	House	Senate	President	State
					District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, 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 Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising 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.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C
2. _____ FEC ID number C
3. _____ FEC ID number C
4. _____ FEC ID number C

13031120795

Write or Type Committee Name

TEXAS INTERNATIONAL PRODUCE ASSOCIATION TEX PAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

T E X A S I N T E R N A T I O N A L P R O D U C E A S S N T E X P A C

Mailing Address

9 0 1 B U S I N E S S P A R K D R . , S T E # 5 0 0

M I S S I O N T X 7 8 5 7 2 -

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

B R E T E R I C K S O N

Mailing Address

9 0 1 B U S I N E S S P A R K D R . , S T E # 5 0 0

M I S S I O N T X 7 8 5 7 2 -

Title or Position

CITY

STATE

ZIP CODE

T R E A S U R E R

Telephone number 9 5 6 - 5 8 1 - 8 6 3 2

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

B R E T E R I C K S O N

Mailing Address

9 0 1 B U S I N E S S P A R K D R . , S T E # 5 0 0

M I S S I O N T X 7 8 5 7 2 -

CITY

STATE

ZIP CODE

Title or Position

T R E A S U R E R

Telephone number 9 5 6 - 5 8 1 - 8 6 3 2

13031120796

Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid for Title or Position]

Telephone number

[Empty grid for Telephone number]

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.

B B V A C O M P A S S

Mailing Address

P O B O X 1 0 5 6 6

[Empty grid for Mailing Address line 2]

B I R M I N G H A M A L 6 5 2 9 6

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty grid for Name of Bank, Depository, etc.]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

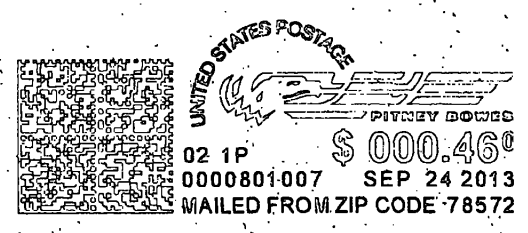
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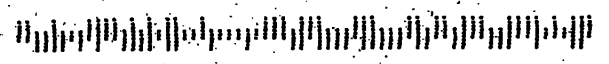


Business Park Drive, Ste. 500
Texas 78572

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Federal Election Commission
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9/24/13

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USPS Priority Mail Express Postmarked

Postmark Illegible

No Postmark


Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery

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

Other (Specify): Date of Receipt or Postmarked

 9/30/13
PREPARER DATE PREPARED

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