

HAND DELIVERED

FEDERAL ELECTION COMMISSION
PUBLIC DISCLOSURE DIVISION

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

2012 JUL 11 PM 2:21

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. **12FE4M5**

M i r a c a L i f e S c i e n c e s I n c E m p l o y e e s F e d e r a l
P A C

ADDRESS (number and street) **6 6 5 5 N M a c A r t h u r B o u l e v a r d**

(Check if address is changed)

I r v i n g T X 7 5 0 3 9 - 2 4 4 3
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
 (Check if address is changed) **d p r i e s t l e y @ M i r a c a L S . c o m**

Optional Second E-Mail Address
r f a r r @ M i r a c a L S . c o m

COMMITTEE'S WEB PAGE ADDRESS (URL)
 (Check if address is changed)


2. DATE **0 7 / 1 0 / 2 0 1 2**

3. FEC IDENTIFICATION NUMBER **C**

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 **David Priestley**

Signature of Treasurer  Date **0 7 / 1 0 / 2 0 1 2**

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.

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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	<input type="checkbox"/> C _____
2.	_____	FEC ID number	<input type="checkbox"/> C _____
3.	_____	FEC ID number	<input type="checkbox"/> C _____
4.	_____	FEC ID number	<input type="checkbox"/> C _____

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Write or Type Committee Name

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

M i r a c a L i f e S c i e n c e s

Mailing Address

6 6 5 5 N . M a c A r t h u r B o u l e v a r d

I r v i n g T X 7 5 0 3 9 - 2 4 4 3

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 D a v i d P r i e s t l e y

Mailing Address 6 6 5 5 N . M a c A r t h u r B o u l e v a r d

I r v i n g T X 7 5 0 3 9 - 2 4 4 3

Title or Position

CITY

STATE

ZIP CODE

Telephone number 2 1 4 - 5 9 6 - 7 0 3 5

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 D a v i d P r i e s t l e y

Mailing Address 6 6 5 5 N . M a c A r t h u r B o u l e v a r d

I r v i n g T X 7 5 0 3 9 - 2 4 4 3

CITY

STATE

ZIP CODE

Title or Position

Telephone number 2 1 4 - 5 9 6 - 7 0 3 5

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Full Name of Designated Agent

Mailing Address

[Mailing Address Line]

[Mailing Address Line]

CITY STATE ZIP CODE

Title or Position 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.

Bank of America Merrill Lynch

Mailing Address Global Commercial Banking

901 Main Street, 10th Floor

Dallas TX 75202-3738

CITY STATE ZIP CODE

Name of Bank, Depository, etc.

[Empty Name Line]

Mailing Address

[Empty Mailing Address Line]

[Empty Mailing Address Line]

CITY STATE ZIP CODE

12030833803

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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<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 7/11/12
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
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Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked



PREPARER
(3/2005)

7/11/12

DATE PREPARED