FEC FORM 1						RECEIVED 2011 SEP 12 AM 8: 29 FEC MANLUS GINTER							
NAME OF COMMITTEE (in	ı full)		Check if names changed)	ie		ole:If typing he lines.	, type	12FE					
Elmo M.,	\ycock	for	Congr	ess	20	12	<u> </u>		<u> </u>	1 1			لــــــــــــــــــــــــــــــــــــــ
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ADDRESS (number a	nd street)	P.O	, Box	6027	7 						لسلسا		لب
(Check if a		Brov	vnsvill	e				TX		785	23	_60)27
				СП	~			STATE			ZIP C	ODE	
COMMITTEE'S E-MA	address		provide only		_	_	il.cor	$\eta_{}$	<u> </u>		<u> </u>		
is change	d)	ـــــــــــــــــــــــــــــــــــــــ		Ш.	1					11	ш.	ш	لــــا
COMMITTEE'S WEB	PAGE ADDR	RESS (UI	RL)										
(Check if is change							<u> </u>						
2. DATE Ö Ş	ð ′6°	′ Ž ()11 ř										
3. FEC IDENTIFIC	CATION NUM	IBER	C										
4. IS THIS STATE	MENT	NEW	(N) C	R	X	AMEND	ED (A)				<u>.</u>	·	
I certify that I have o	examined this				-	•	d belief it	is true, d	orrect a	nd con	iplete.		
Type or Print Name	of Treasurer	<u>Ch</u>	ristina	Ayc	ock	(-				
Signature of Treasure	er ()	hu	etru (Lyco	J9			Date	Ö9'	´ O	7 ′	Ž0	11
NOTE: Submission of			omplete inform		-	-				ne pena	lties of	2 U.S.C	. §437g.
Office Use Only					F	or further infederal Election of Free 800-4 ocal 202-694-	n Commissi 24-9530				-	PM 1 2/2009)	

_	F	FEC Fo	rm 1 (Revised 02/2009)								Page f	2
5.			OMMITTEE		•							
		didate	Committee:					4			\$	
	(a)		This committee is a pri	incipal campai	gn com	mittee. (Co	mplete	the candida	ite infor	mation belov	v.)	
	(b)		This committee is an a information below.)	uthorized com	mittee,	and is NO	T a prir	ncipal camp	aign ∞	mmittee. (Co	mplete the can	lidate
	Name											
										TX		
	Cand Party	idate Affiliati	on DEM	Office Sought:	×	House		Senate		President	State	
					_						District	34
	(c)		This committee suppor	ts/opposes on	ly one	candidate,	and is f	NOT an aut	horized	committee.		
	Name Cand					111			11		11111	
	Part	y Con	nmittee:									
	(d)		This committee is a		•	itional, Stat subordinate		ittee of the			(Democratic, Republican, e	tc.) Party.
	(d) This committee is a or subordinate) committee of the Republican, etc.) Party. Political Action Committee (PAC):											
	(e)	licai A	This committee is a se	•	ated fu	nd (Identify	connec	ted organiz	ation or	uline 6) its c	onnected organi	zation is a
	(0)			parato bogrog	400 10			-		-	_	
			Corporation			Cor	poration	w/o Capita	ii Stock		Labor Orga	nization
			Membership O	rganization		Trac	le Asso	ciation			Cooperative	
			In addit	ien, this comm	ittee is a	a Lobbyist/l	Registra	nt PAC.				
	(f)		This committee suppor committee. (i.e., noncor			one Fede	ral cano	didate, and	is NOT	a separate	segregated fund	i or party
			In addition, this	committee is a	Lobbyi	stiRegistra	nt PAC.					
			In addition, this	committee is a	Leade	rship PAC.	(Identify	sponsor on	line 6.))		
	loin	t Eune	Iraising Representa	tiva:				•				
	(g)		This committee collects		navs fu	ndraising e	rnenses	and dishur	ses net	proceeds for	two or more noi	itical
	(9)	Ц	committees/organization	•			•			•	•	iliocai
	(h)		This committee collects committees/organization								two or more poli	tical
		Com	mittees Participating i	n Joint Fund	raiser							
		1.					11	FEC II	D numb	oer C	. ·	• •
		2.	ШШШ			Ш	Ш	FEC II	D numb	per C		
		3.			لل			FEC II	D numb	per C		
		4.						FEC II	D numb	er C		

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Write or Type Committee Nam	ne e							
Elmo M. Aycock for Congress 2012								
6. Name of Any Connected	Organization; Affiliated Committee, Joint FundralsIng Representative, or Leadershi	p PAC Sponsor						
Mailing Address								
Walling / Walloco		111111						
		- 						
	CITY STATE Z	IP CODE						
7. Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the person in poss-	ession of committee						
Full Name CHR	ISTINA AYCOCK							
Mailing Address	P.O. BOX 6027							
		11111						
	BROWNSVILLE TX 78523	36027						
Title or Position	CITY STATE Z	IP CODE						
BOOKKEEPE	7 Telephone number [956] - [59	0, -[8169 ,						
8. Treasurer: List the name a any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the nam assistant treasurer).	e and address of						
Full Name of Treasurer	ISTINA AYCOCK	· ·						

Title or Position	· CITY	STATE	ZIP	CODE
	BROWNSVILLE	TX	78523	6027
Mailing Address	P.O. BOX 6027			
of Treasurer				

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	Full Name of Designated Agent	YVONNE ESCOBAR.	
	Mailing Address	[P _i .Q.,BOX,6027, , , , , , , , , , , , , , , , , , ,	لىسىل
		BROWNSVILLE ITX 78523	J-[6027]
	Title or Position	NT,TREASURER Telephone number	- 4461
9.	Banks or Other safety deposit bo Name of Bank, I	Depositories: List all banks or other depositories in which the committee deposits funds, holds accoxes or maintains funds. Depository, etc.	ounts, rents
		IBANK,OF,AMERICA	
	Mailing Address	12635 BOCA CHICA BLVD.	
			لتتتبيا
		BROWNSVILLE TX 78521	J-L
		CITY STATE ZIP	CODE
	Name of Bank,	Depository, etc.	
	Mailing Address		
			ليبيب
			1
		CITY STATE ZIP	CODE

To print and file this form, select "Print" from the "File" menu above. In the "Print" window, select "Document" from the drop down menu labeled "Comments and Forms" Doing so will ensure that the icons and other instructions will not appear on your filing. Click here for a video printing demonstration.

(3/2005)

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