Image# 12951591870 PAGE 1 / 4

FEC FORM 1			TATEN RGAN																		
										_				Of	fice (	Jse C	nly		_		_
1. NAME OF COMMITTEE (in	n full)		Check if nam changed)	ie		mple: If		g, ty <sub>l</sub>	pe		121	FE4	м5	_	_						
Kenneth S	anders	s for (	Congre	ss (	Can	npa	ign		1 1	ı	1 1		1 1	ı	ı		ı	1 1		1	l
ADDRESS (number a	nd street)	P.O. Box	183504																		_
(Check if address																					
is changed)		Arlingtor	n 						Ш		TX			780	96						
				С	CITY					S	TAT	Ε				ZIP	со	DE			
COMMITTEE'S E-MA	AL ADDRES		-																		
(Check if	addrass	info@ke	ennethsanders	sforcon	gress.c	com															
is change																					
COMMITTEE'S WEB	PAGE ADD	RESS (UI	RI)																		
001111111111111111111111111111111111111	17102 7100		w.KennethSa	ndersfo	orCong	ress.co	om	ı	1 1		1 1	1	1	l I		ı	1 1	ı		1	I
(Check if is change																					1
																					1
2. DATE 02	2 20	) / Y	2012																		
3. FEC IDENTIFIC	CATION NU	MBER	C	) Co	051448	39	_														
4. IS THIS STATE!	MENT X	NEW	(N) O	R		Д	MENI	DED	(A)												
I certify that I have e	examined thi	s Stateme	nt and to the	e best (	of my	knowle	dge a	nd b	elief	it is	true	, co	rrect	and	cor	nple	te.				
Type or Print Name	of Treasurer	Esque S	Sanders																		_
Signature of Treasure	Esque Sa er	anders				[Elect	ronica	lly Fi	iled]	Da	ate		м = м 05	/	D	07	′ [	Υ	2012	Y Y Y	
NOTE: Submission of			omplete inform											the	pena	alties	of 2	U.S.	.C. §4	437g	
Office Use							rther in				act:				FE	CI	FOF	<b>RM</b>	1		_

Toll Free 800-424-9530 Local 202-694-1100

Only

(Revised 02/2009)

FEC Form 1 (Revised 02/2009)	Page 2
TYPE OF COMMITTEE	
Candidate Committee:	
(a) X This committee is a principal campaign committee. (Complete the candidate information below	ow.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (C information below.)	omplete the candidate
Name of Candidate Kenneth D Sanders	
Candidate Party Affiliation  DEM  Office Sought:  X  House  Senate  President	State TX District 06
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	
(d) This committee is a NAT (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 committee. (i.e., nonconnected committee)	segregated 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.)	
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds fo committees/organizations, at least one of which is an authorized committee of a federal candida	
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	r two or more political
Committees Participating in Joint Fundraiser	
. • C	
2. FEC ID number C	
3. FEC ID number C	
4.                                 FEC ID number C	

FEC Form 1 (Revised	1 02/2009)	Page <b>3</b>	
Write or Type Committee Nar			
Kenneth Sand	ers for Congress Campaigr	n	
	Organization, Affiliated Committee, Joint Fundrais		nsor
Mailing Address			
	CITY	STATE ZIP CODE	
Relationship: Connect	ted Organization Affiliated Committee Joint Fu	Indraising Representative Leadership PAC	Sponsor
<ol> <li>Custodian of Records: Id books and records.</li> </ol>	entify by name, address (phone number optional) a	and position of the person in possession of co	mmittee
Full Name			
Mailing Address			
Title or Position	CITY	STATE ZIP CODE	
	Teleph	hone number	
8. <b>Treasurer</b> : List the name a any designated agent (e.g.	and address (phone number optional) of the treasur , assistant treasurer).	rer of the committee; and the name and addre	ess of
Full Name of Treasurer			
Mailing Address			
Title or Position	CITY	STATE ZIP CODE	
	Teleph	none number	

	<b>n 1</b> (Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
safety deposit bo	oxes or maintains funds.	
Name of Bank, I	Depository, etc.  BBVA Compass	
Name of Bank, I	BBVA Compass	
	BBVA Compass	
	BBVA Compass	
	BBVA Compass	ZIP CODE
	BBVA Compass  TX  CITY  STATE	ZIP CODE
Mailing Address	BBVA Compass  TX  CITY  STATE	
Mailing Address	BBVA Compass  TX  CITY STATE  Depository, etc.	
Mailing Address  Name of Bank, I	BBVA Compass  TX  CITY STATE  Depository, etc.	
Mailing Address  Name of Bank, I	BBVA Compass  TX  CITY STATE  Depository, etc.	