## 140M-128-1894

FEC FORM 1

## STATEMENT OF ORGANIZATION

PUBLIC DISCLOSURE DIVISION

2014 JUL 30 PM 12: 07
Office Use Only

1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5							
Deborah Kimzey Committee to Elect										
ADDRESS (number and street) 9239 Wannabe Road										
(Check if address is changed)										
	Bryan		TX 77808 - 6735   STATE ▲ ZIP CODE ▲							
COMMITTEE'S E-MAIL ADDRE	SS									
(Check if address is changed) Treasure Ma Daborah Kimzey, com										
	Optional Second E-Mail Ad	dress								
	IN 40 @ De	borah Kimzey	COM							
COMMITTEE'S WEB PAGE ADDRESS (URL)  (Check if address is changed)    WWW. W. elsorah Kilmzey. com										
2. DATE 07 25 2014										
3. FEC IDENTIFICATION NUMBER ► CODS 5.65.75.4										
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 Deborah Kimzey										
Signature of Treasurer Albertham Date 07 25 2014										
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 Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100								

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		COMMITTEE						
	Candida	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	Deborah Kimzey						
	Candidate Party Affil	17/ N   1   1   1   1   1   1   1   1   1						
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.						
	Name of Candidate							
	Party C	ommittee:						
	(d)	This committee is a (National, State (Democratic, Republican, etc.) Party.						
	Politica	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) <u>[</u>	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 Lobbylst/Registrant PAC.						
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)						
	Joint Fu	ndraising 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.						
	C	ommittees Participating in Joint Fundraiser						
	1.	FEC ID number						
	2.	FEC ID number						
	3.							
	4.	FEC ID number C						

_	FEC Form 1 (Revised	02/2009)		200		Page 3
٧	Vrite or Type Committee Name	•				
				·		
6.	Name of Any Connected (	Organization, Affillate	d Committee, Joint F	undraising Repr	esentative	, or Leadership PAC Sponsor
ı					111	
ı				]		
	Mailing Address					
	, and the second					
			<del>                                     </del>	·		
			CITY	<del>i</del>	STATE	ZIP CODE
			r-4-40			
	Relationship:  Connecte	d Organization	liated Committee	Joint Fundraising	Hepresent	ative Leadership PAC Sponsor
<del></del>	Custodian of Bosomics Ido	ntify by same address	(abana numbar ar	tional) and positi	ion of the r	person in possession of committee
•	books and records.	naily by name, accress	(buone unimper of		ion or me t	erson in possession of committee
	$\Box$	20 COM 1 1M	e Kinz	0 ~		
	Full Name	orah Mo	wannab		<u> </u>	
	Mailing Address	· · · · · · · · · · · · · · · · · · ·	400045	e noac		
		Bryan		لنبنا	TX	177808-6735
	Title or Position		CITY	•	STATE	ZIP CODE
	Treasurer		1		. a	791-1219-10:6:99
	in easier of			Telephone nun	nber []	PT(1-[C1](1-1016) 917
В.	Treasurer: List the name ar any designated agent (e.g.,		nber optional) of the	treasurer of the	committee	; and the name and address of
	Full Name of Treasurer	sorah Ma-	4 Kimze	7		
	Mailing Address	9239	Wanna	by Roa	id	
				<u> </u>	<u> </u>	
		Bryan	<u> </u>		IX	778081-6735
	Title or Position		CITY		STATE	ZIP CODE
	TREASURER		لللل	Telephone nun	nber 9	291-2191-06.99

CITY

STATE

ZIP CODE

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FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent

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PREPARER DATE PREPARE (8/2013)

Other (Specify):