

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
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OPERATIONS CENTER

2006 AUG 28 A 9 11

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

Bexar County Democratic Party

ADDRESS (number and street)

3010 N St Marys St

Suite 1102



(Check if address is changed)

SAN ANTONIO

TX

78212

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

Staff@bexardemocrats.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.bexardemocrats.org

COMMITTEE'S FAX NUMBER

N/A

2. DATE

08/18/2006

3. FEC IDENTIFICATION NUMBER

C00270868

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

Fernando Contreras, Jr

Signature of Treasurer

Fernando Contreras, Jr

Date

08/18/2006

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 02/2003)

26039173044

5. TYPE OF COMMITTEE (Check One)

- (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 _____

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address _____

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

26039173045

Write or Type Committee Name

Bexar County Democratic Party

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 Fernando Contreras Jr

Mailing Address PO Box 12341

3010 N ST. Marys ST

SAN ANTONIO TX 78212

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number 210-213-8455

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 Fernando Contreras Jr

Mailing Address PO Box 12341

3010 N ST. Marys ST

SAN ANTONIO TX 78212

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number 210-213-8455

Full Name of Designated Agent Tom Neesen

Mailing Address PO Box 12341

3010 N ST. Marys ST

SAN ANTONIO TX 78212

Title or Position

CITY

STATE

ZIP CODE

Assistant Treasurer

Telephone number

26039173046

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.

Laredo National Bank

Mailing Address

PO Box 59

700 San Bernardo

Laredo

TX

78044

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS Express Mail	Postmarked
<input checked="" type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify): Next Business Day Delivery <input type="checkbox"/>	Shipping Date
<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

	8/28/06
PREPARER	DATE PREPARED

26039173048