2010 JAN 14 AM 10: 17

FEC	
FORM	

10030213063

## STATEMENT OF

FEC FORM 1		ORGANIZ	ATION		Office Use Only			
NAME OF COMMITTEE (in	ı full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M				
Wix for	(LO)	n, g, r, e, 5, 5, Gom	mittlele !!					
ADDRESS (number a	nd street)	16,012, FIGISIT	BoydsHun A	NENIGIE	لىبىسىن			
•	(Check if address is changed)    Check if address							
			CITY	STATE	ZIP CODE			
COMMITTEE'S E-MA	VIL ADDRE	SS (Please provide only one e	-mail address)					
(Check if is change	address	, ,	5/n,i,×,4,c,0,0,19,15,e	,5,5,•,C,0				
COMMITTEE'S WEB	PAGE AD	• •						
(Check if is change		hitito is // wa	10.0.10.15.14.6.0.10.19		(COM)			
2. DATE 0	M . ' O	4 ' 2010						
3. FEC IDENTIFIC	CATION N	UMBER C						
4. IS THIS STATE	MENT X	NEW (N) OR	AMENDED (A)					
I certify that I have o	examined to	his Statement and to the best	t of my knowledge and belief it	is true, correc	t and complete.			
Type or Print Name	of Treasure	Nichola	5 Day / N.	<i>5</i> ×	<del></del>			
Signature of Treasure	er — <u>«</u>	Ills.		Date 0	7 04 2010			
NOTE: Submission of	false, erron	•	may subject the person signing to ON SHOULD BE REPORTED W		the penalties of 2 U.S.C. §437g.			
Office Use Only			For further Information of Federal Election Commissi Toli Free 800-424-9530		FEC FORM 1 (Revised 02/2009)			

_			
Í	FEC <b>Fo</b> r	m 1 (Revised 02/2009)	Page 2
		DMMITTEE  Committee:	
(a)	V	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. (Compinformation below.)	lete the candidate
Name Cand	e of lidate	Nicholas Paul Nix	_ <del></del>
	lidate Affiliatio	n IND Office House Senate President	State TX District 04
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of lidate		
Parl	ty Com	mittee:	Dana-sett-
(d)		· · · · ·	Democratic, lepublican, etc.) Party.
Poli	tical Ac	etion Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	ected 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 seg committee. (i.e., nonconnected committee)	regated 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.)	
Join	t Fundi	alsing Representative:	- ( 영영 ( 현기) ( 영영 ( 영영 ( 영영 ( 현기) 현기) ( 현기 ( 연기
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(h)	•	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Comr	nittees Participating in Joint Fundraiser	
	1.	FEC ID number C	
	2.	FEC ID number C	
	3.	FEC ID number C	:
	4.	FEC ID number C	

FEC Form 1 (Revised	02/2009)	Page 3
Write or Type Committee Name	)	
6. Name of Any Connected (	Organization, Affiliated Committee, Joint Fundralsing Representative, or Leader	ship PAC Sponsor
MOMEIIIII		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative Le	eadership PAC Sponsor
7. Custodian of Records: Idea books and records.	ntify by name, address (phone number optional) and position of the person in po	ossession of committee
Full Name William	Gollas Parali Mix	<del></del>
Mailing Address	602 Rast Boydston Alvenua 1	
	Rockmall TX 750	187-3957
Title or Position	CITY STATE	ZIP CODE
V1518125141518151	Telephone number $GFZ$ -[-	3,4,5]-14,54,5
8. Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; and the nassistant treasurer).	ame and address of
Full Name Of Treasurer	Golas Paul Mix	<del></del>
Mailing Address	16:012, East, Bioxidistun, Auencie	
Tido en Besido-	CITY STATE	28 71-1319 517 ZIP CODE
Title or Position  [T] [T] [P] [A] [S] [A] [F] [C] [F]	Telephone number 9,2,2 - [2	3,4,5,-14,5,4,5

Full Name of Designated Agent	i, e, h, o, l, a, s, la, a/ Mix , , , , , , ,	
Mailing Address	602 East Boydistun Auenue	ليبيبين
	Kloichuall Tx 2	5087-3957 ZIP CODE
Title or Position		_
717881514151	Telephone number (2,7,2)	- <u> 3145</u>  - <u> 415141</u> 5
Banks or Other Deposafety deposit boxes of Name of Bank, Depos		, holds accounts, rents
safety deposit boxes of Name of Bank, Depos	or maintains funds.	· · · · · ·
safety deposit boxes of Name of Bank, Depos	or maintains funds.	· · · · · ·
safety deposit boxes of Name of Bank, Depos	or maintains funds. sitory, etc.  OMM 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

Page 4

Name of Bank, Depository, etc.

FEC Form 1 (Revised 02/2009)

	MOINTE			1_						L		 	1.		 1	 			ل	1				上	上	 		١	 L	
Mailing Address		L_	L	<u> </u>	L	L	L	1_			1.	 	1	L	 	 	ı	I.	1	1	L	L	上	L	L	 	1		 	L
·			L	-					_																					
			1			_																								
										CIT																P (				

STATE

ZIP CODE

CITY

10030213066

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.										
Hand Delivered	Date of Receipt									
USPS First Class Mail	Postmarked									
USPS Registered/Certified	Postmarked (R/C)									
USPS Priority Mail	Postmarked									
Delivery Confirmation™ or Signature Confirmation	ation™ Label									
USPS Express Mail	Postmarked									
Postmark Illegible										
No Postmark										
Overnight Delivery Service (Specify): Fをd, らが	Shipping Date									
Next Business	Day Delivery									
Received from House Records & Registration Office	Date of Receipt									
Received from Senate Public Records Office	Date of Receipt									
Received from Electronic Filing Office	Date of Receipt									
Other (Specify):	ceipt or Postmarked									
Ima	1/14/10									
PREPARER (3/2005)	DATE PREPARED									