

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED FEC MAIL CENTER

2015 APR 21 AM 7: 43

			Office Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
John Slaven	siFioir Coinigne	S15. (10 M 1 1 1 1	
ADDRESS (number and street)	2005 Abys	sa Court	
(Check if address is changed)			
	AILLEIN CITY A		STATE A ZIP CODE A
COMMITTEE'S E-MAIL ADDRE	:SS		·
(Check if address is changed)	(Cionitia citilis	<u>iothiniSiliavietnis</u>	FIDITICIONAGITIEISISIO ICIOIM
	Optional Second E-Mail Add		10 M
COMMITTEE'S WEB PAGE AD (Check if address is changed)	, .	lla, vien, s, F, o, v, C	10111111111111111111111111111111111111
2. DATE 04 1	3 20.15		
3. FEC IDENTIFICATION N	UMBER ▶ C		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
I certify that I have examined the	his Statement and to the best	of my knowledge and belief i	t is true, correct and complete.
Type or Print Name of Treasure	er John Sla	vens	
Signature of Treasurer			Date 04 13 2015
NOTE: Submission of false, error		may subject the person signing TION SHOULD BE REPORTED	this Statement to the penalties of 52 U.S.C. §30109 WITHIN 10 DAYS.
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	contact: FFC FORM 1

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5.		TYPE OF COMMITTEE					
	Candidate Committee:						
	(a)	X	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. (Cominformation below.)	nplete the candidate			
	Name Candi						
	Candi Party	date Affiliatio	Office Sought: House Senate President	State TX District			
-	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	·			
	Name Candi						
	Part	v Com	mittee:				
	(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.			
	Polit	ical A	ction Committee (PAC):				
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	innected organization is a:			
	(0)		n n	-			
			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 s 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 for 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 committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political			
		0					
		Com	mittees Participating in Joint Fundraiser	~ ~ ~ ~ ~ ~ ~ ~			
		1.	FEC ID number	لممسم			
		2.	FEC ID number				
		3.	FEC ID number				
		4.	FEC ID number				

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Write or Type Committee Nam		
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or L	eadership PAC Sponsor
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
books and records.	entify by name, address (phone number optional) and position of the person	
Full Name Uoh	n Slauens .	
Mailing Address	12001S1 14/14/S1S1G1 (CIONART)	
	Allen IIX	75013-
Title or Position	CITY STATE	ZIP CODE
Candidate	Telephone number 9,3,2	2-13,1,3-15,3,9,4
Treasurer: List the name a any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and assistant treasurer).	the name and address of
Full Name of Treasurer Ualki	n Silavensi	_
Mailing Address	2010151 1A1/141515161 (CIOIMITITI)	
	la lilie with the land	7.5.0.1.31-1

CITY

Title or Position

Telephone number

STATE

9,7,21-13,1,31-15,39,41

ZIP CODE

ZIP CODE

Mailing Address

Full Name of Designated

Agent

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FEC Form 1 (Revised 02/2009)

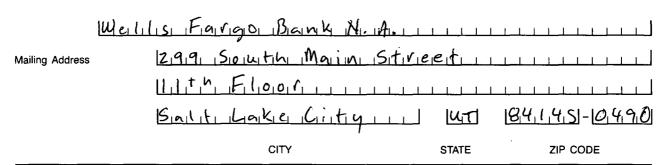
Telephone number 7:7:2 - 3:1:3 - 5:4:8:4

STATE

 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.

CITY

Name of Bank, Depository, etc.



Name of Bank, Depository, etc.

Mailing Address

CITY STATE ZIP CODE

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JOHN STRUMS FOR CONSINSS. COUNT

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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. Date of Receipt Hand Delivered Postmarked Date of Receipt **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS** Priority Mail Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery** Date of Receipt 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 or Postmarked Other (Specify): PREPARER