

SECRETARY OF THE SENATE
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FEC
FORM 1

STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5
YVONNE SCHICK CAMPAIGN

ADDRESS (number and street) 4105 CRAWFORD RD
(Check if address is changed) SPICEWOOD TX 78669
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
VSCHICK@AOL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)
YVONNEFORSENATE.COM

COMMITTEE'S FAX NUMBER
512-264-8825

2. DATE 12 ' 04 ' 2008
3. FEC IDENTIFICATION NUMBER C00455162
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 YVONNE SCHICK

Signature of Treasurer [Signature] Date 12 ' 04 ' 2008

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 12/2007)

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5. TYPE OF COMMITTEE

Candidate 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 YVONNE ADAMS SCHICK

Candidate Party Affiliation LIB Office Sought: House Senate President State TX District 00

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

(d) This committee is a _____ (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

- (f) 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 Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising 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.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C
2. _____ FEC ID number C
3. _____ FEC ID number C
4. _____ FEC ID number C
5. _____ FEC ID number C

28020794170

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundraising Representative

Empty grid lines for organization name

Mailing Address grid lines

Relationship:

Connected Organization Affiliated Committee Leadership PAC Sponsor Joint Fundraising Representative

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Handwritten entry for YVONNE SCHICK, 4105 CRAWFORD RD, SPICEWOOD TX 78669

Title or Position

TREASURER Telephone number 512-264-9218

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).

Handwritten entry for YVONNE SCHICK, 4105 CRAWFORD RD, SPICEWOOD TX 78669

Title or Position

TREASURER Telephone number 512-264-9218

26020784171

Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address]

[Empty grid for Mailing Address]

[Empty grid for Mailing Address]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid for Title or Position]

Telephone number

[Empty grid for Telephone number]

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.

COMPASS BANK

Mailing Address

12524 FM2244

[Empty grid for Mailing Address]

BEE CAVE TX 78733

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty grid for Name of Bank, Depository, etc.]

Mailing Address

[Empty grid for Mailing Address]

[Empty grid for Mailing Address]

[Empty grid for Mailing Address]

CITY

STATE

ZIP CODE

28020794172

CHICK
105 CRAWFORD RD
PICEWOOD TX 78669



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PREPARER

RD

DATE PREPARED

12-09-08

26020794174

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