-2010 JAH 19 AM 10: 25

FEC FORM 1

STATEMENT OF ORGANIZATION

				Office	Use Only	
	NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	·. !	
	GUGLIOTTI	FOR CONGr	<u>ess </u>			
	ADDRESS (number and street)					
	(Check if address is changed)		<u> </u>			
		WIYILIE		TIX 75	0,98 -	
			CITY	STATE	ZIP CODE	
	COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)					
Ž			prorsants .	em.	<u> </u>	
220	(Check if address is changed)					
30,	COMMITTEE'S WEB PAGE ADDRESS (URL)					
100	(Check if address is changed)		G1,640,0,77; F	retorga	<u>ss. (9m.)</u>	
	2. DATE 0	5 2010			<i>2∘/</i> •	
	3. FEC IDENTIFICATION N	' ' ^ '	yeung selang diang beng penganan n Si Sin diang pelangan diang bendalah			
	4. IS THIS STATEMENT N	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 Karen CiGLoff					
•	Signature of Treasurer	Couring		Date 0.1	15 2010	
	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 JM W		For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100	n F	EC FORM 1 Revised 02/2009)	

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		COMMITTEE Committee:	
(a)	X	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	1 - 51 - 1	This committee is an authorized committee, and is NOT a principal campaign committee. (Compleinformation below.)	ote the candidate
	ne of didate	LOUIS P. GIGLIOTTI	ليسب
	didate y Affiliati	on REP Office Sought: House Senate President	State TX District 04
(c)	: : !	This committee supports/opposes only one candidate, and is NOT an authorized committee.	, ,
Nam Can	e of didate		
Par	ty Con	nmittee:	•
(d)			emocratic, epublican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)	`	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	cted organization is a:
		Corporation Corporation w/o Capital Stock	abor 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 segr committee. (i.e., nonconnected committee)	egated 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	it Fund	iralsing Representative:	
(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
	Com		
		mittees Participating in Joint Fundraiser	AL ALAMATANT LAM
	1.		<u>entrent un</u> binditation (1). Note that there is the contract
	2.	FEC ID number C	<u>-70 </u>
	3 .	FEC ID number C	
	4.		

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Write or Type Committee Name	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundralsing Representative, or	r Leadership PAC Sponsor
	11111111
	<u> </u>
Mailing Address	1111111
	<u> </u>
CITY STATE	ZIP CODE
Relationship: [] Connected Organization [] Affiliated Committee [] Joint Fundraising Representative	e Leadership PAC Sponsor
Custodian of Records: Identify by name, address (phone number optional) and position of the personal books and records.	son in possession of committee
,	
Full Name KAREM GIGLEPTHI	
Mailing Address [1211 HWY 7.8 SDUTH 1	
	
WyLIE III	75098-
Title or Position CITY STATE	ZIP CODE
TREASURE R Telephone number 197	2]-4,2,9]-[1,9,6,3
Talephione number (*1:	
 Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; a any designated agent (e.g., assistant treasurer). 	nd the name and address of
of Treasurer KARTIN 6464101111	
Mailing Address (12411 HIW V 178 150 MTH 1111	
WYLLIE TIX	7,5,0,9,8,-
CITY STATE Title or Position	ZIP CODE
Telephone number 9,7	2-4-29-11963

Telephone number [9,7,2]-[4,2,9]-[1,9,6,3]

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Full Name of Designated Agent		<u> </u>		
Mailing Address				
	· <u>[</u>			
	CITY	STATE	ZIP CODE	
Title or Position	Telephone	number	J- <u>L</u> J-LJ	
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. AMERICAN NATIONAL BANK OF TEXAS				
Mailing Address	5430 HWY 78			
	SACHSE		750481-	
	CITY	STATE	ZIP CODE	
Name of Bank, Deposito	ry, etc.			
لبنا				
Mailing Address				
		الباا	لــــا-لـــــا	
	CITY	STATE	ZIP CODE	

Federal Election ENVELOPE REPLACEMENT PAGE The FEC added this page to the end of thi	FOR INCOMING			
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™ Label				
USPS Express Mail		Postmarked		
Postmark Illegible				
No Postmark				
Overnight Delivery Service (Specify):	ups	Shipping Date		
	Next Busine	ss Day Delivery		
Received from House Records & Registr	ration Office	Date of Receipt		
Received from Senate Public Records O	Office	Date of Receipt		
Received from Electronic Filing Office		Date of Receipt		
Other (Specify):	Date of I	Receipt or Postmarked		
8-		1/19/10		
PREPARER (3/2005)		DATE PREPARED		