29030103190

FEC FORM 1

STATEMENT OF ORGANIZATION

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2009 JUN 22 A 7: 10

							Office Use Only
1. NAME OF COMMITTEE (ii	n full)	•	Check if name changed)		ample:If typing, type er the lines.	12FE4M	5
HAYS CO	<u>unt</u>	DE	MOCRE	TILC	PARTY E	XECUT	TIVE
COMMITTI	EE.			للبلد			
ADDRESS (number a	and street)	POLI	BOX: 1	246	<u> </u>		
(Check if a is changed		Bud	A			TX	78610
				CITY		STATE	ZIP CODE
COMMITTEE'S E-MA	AIL ADDRE	SS (Please	provide only o	ne e-mail a	ddress)		
1000		KAT	IEAN	DGRA	HAMOGMAN	1-601	<u> </u>
(Check if is change	address ed)	L		1 1 1		1 1 1 1 1	
			· · · · · · · · · · · · · · · · · · ·				
COMMITTEE'S WEE	PAGE ADI	-	•	DEM	<i>c</i> 00 <i>c</i>		
	if address	MMM	- HAYS	אטיבויו	5,0RG	1 1 1 1 1	
is change	od)	سيا					
2. DATE Ö	G ′ °C 4	s ' 20	УÖЙ				
3. FEC IDENTIFIC	CATION N	JMBER	C	002	77038		
4. IS THIS STATE	MENT	NEW	(N) OF	1	AMENDED (A)	·-	
I certify that I have	examined th	nis Stateme	nt and to the	best of my	knowledge and belief i	it is true, corre	ct and complete.
Type or Print Name	of Trescure	. Ko	atie I	Bell	Moore		
Signature of Treasur	V	Hu	Bell	No	on	Date Ö	5 ′ 1°5′ 20°09
NOTE: Submission of	-	-	•	_	ubject the person signing		to the penalties of 2 U.S.C. §437g.
Office Use					For further information of Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

	Party Affiliat	ion .	Sought:	House	Senate	President				
29030103191	(c)	This committee supports	s/opposes only o	one candidate, and	is NOT an authoriz	zed committee.				
	Name of Candidate		1			1 1 1 1				
	Party Cor	Party Committee:								
	(d)	This committee is a (National, State or subordinate) commit			mmittee of the	/				
	Political A	Political Action Committee (PAC):								
	(e)	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its								
		Corporation		Corporation w/o Capital Stock						
		Membership Or	ganization	Trade Association						
		In addition, this committee is a Lobbyist/Registrant PAC.								
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separal committee. (i.e., nonconnected committee)								
		In addition, this committee is a Lobbyist/Registrant PAC.								
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)								
	Joint Fund	draising Representat	ive:							

Committees Participating in Joint Fundraiser

committees/organizations, none of which is an authorized committee of a federal candidate.

FEC ID number C

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information below.)

TYPE OF COMMITTEE **Candidate Committee:**

(b)

(g)

(h)

1.

2.

3.

Name of Candidate

Candidate

Page 2 This committee is a principal campaign committee. (Complete the candidate information below.) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate State District (Democratic, Republican, etc.) Party. s connected organization is a: **Labor Organization** Cooperative te segregated fund or party 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. This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political

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w	rite or Type Committee Na	ime	
H	taus (aux	thy Democratic Party Executive (a	mmittee.
6.	Name of Any Connected	d Organization, Affiliated Committee, Joint Fundralsing Representative, or Leader	
Ц		<u> </u>	
Ц			
	Mailing Address		
		CITY STATE .	ZIP CODE
	. Relationship: Connec	cted Organization Affiliated Committee Joint Fundraising Representative L	eadership PAC Sponsor
7.	Custodian of Records: k	dentify by name, address (phone number optional) and position of the person in po	ossession of committee
	books and records.	,, (-	
	Full Name KAT	LE BELL MODRE	
		PO BOX 1245	
	Mailing Address		
		12, 17A . +v. 70/	
		DUVATXI 1490	<u> 21 0</u> - [
	Title or Position	CITY STATE	ZIP CODE
	PARTY CHA	AIR Telephone number 6121-	191,8227
		Telephone number VILI-	
8.	Treasurer: List the name	and address (phone number optional) of the treasurer of the committee; and the n	ame and address of
	any designated agent (e.g	., assistant treasurer).	
	Full Name of Treasurer	TIE BELL MOORE	
	Mailing Address	PO BOX 1246	
	•		
		BUDA TV FAC	010-1
		CITY STATE	ZIP CODE
	Title or Position PARTY CHA	t.1R 6121-A	1911-18332
	<u> </u>	Telephone number	TANDER THE

CITY

STATE

ZIP CODE

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Full Name of Designated Agent

Mailing Address

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W	6/12/09			
PREPARER (3/2005)	DATE PREPARED			