Image# 202002059186470206				02/05/2020 13 . 56
FEC FORM 1	STATEMEI ORGANIZ	-		PAGE 1 / 4 —
			Offic	e Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Orozco2020 Cor	nmittee for			
	PO Box 10383			
ADDRESS (number and street)				
is changed)	. Houston		TX7720	6
			TX 77200 STATE ▲	ZIP CODE▲
COMMITTEE'S E-MAIL ADDR	ESS			
(Check if address is changed)	info@orozco2020.com			
<i>c ,</i>	Optional Second E-Mail Ad stevensorozco@yah	dress IOO.COM		
COMMITTEE'S WEB PAGE AI		onate/orozco-2020-committee-for	-1	
	14 Y Y Y Y 2019			
3. FEC IDENTIFICATION N	IUMBER ► C C	00696708		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
			 .	
certify that I have examined	this Statement and to the best	of my knowledge and belief	it is true, correct and c	complete.
Type or Print Name of Treasur	er Broussard, Courtney, , ,			
Signature of Treasurer	ussard, Courtney, , ,	[Electronically Filed]	Date	05 / Y Y Y Y 05 2020
NOTE: Submission of false, error	neous, or incomplete information ANY CHANGE IN INFORMATI	may subject the person signing ON SHOULD BE REPORTED		enalties of 2 U.S.C. §437g
Office Use Only		For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	contact:	FEC FORM 1 (Revised 06/2012)

02/05/2020 13 : 58

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F	EC Fo	rm 1 (Revised 02/2009) Page 2
TYPE	OF C	OMMITTEE
Cano	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 Candi		Orozco, Stevens, , ,
Candi		DEM Office State TX
Party	Affiliatio	on DEM Sought: X House Senate President District 18
(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name Candie		
Party	y Con	nmittee:
(d)		This committee is a(National, State or subordinate) committee of the(Democratic, Republican, etc.) Party.
Politi	ical A	ction 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
		In addition, this committee is a Lobbyist/Registrant PAC.
(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 Lobbyist/Registrant PAC.
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
Joint	Fund	raising 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.
	Com	mittees Participating in Joint Fundraiser
	1.	FEC ID number
	2.	FEC ID number
	3.	
	4.	

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FEC Form 1 (Revised 02/2009)

Page 3

Write or Type Committee Name

Orozco2020 Committee for

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

_N																		
	Mailing Address																	
																- [_		
					CIT	Υ					STATE			Z	ZIP CO	ODE		
	Relationship: Co	onnected	Organizatio	on Af	filiated (Committ	ee	Joint	Fundra	aising	Represe	entativ	re	Lead	lershi	p PA	C Sp	onso
7.	Custodian of Recor books and records.	r ds: Ident	tify by name	e, addres	s (phon	ie numt	oer (optiona	l) and	positio	on of th	e pers	son in	poss	essio	n of (com	mittee
	Full Name																	
	Mailing Address																	í
																- [_		
	Title or Position				CIT	Y					STATE			Z	IP CO	DDE		
				_ _ _				Tel	ephone	e num	ber					-∟	_	
8.	Treasurer: List the n any designated agen	name and it (e.g., as	address (p ssistant trea	hone nu asurer).	mber	optiona	II) of th	ne trea	surer d	of the	commit	tee; ai	nd the	e nam	e and	1 add	ress	s of
	Full Name Br	oussard,	Courtney, ,	,														
	Mailing Address		5335 Long	Arbor Ln	•												<u> </u>	
			Katy		CIT	Y					TX STATE]	7744				<u> </u>	
	Title or Position	r 						Tele	ephone	e numl	ber	281		97	79	- [_	623	38
	_																	_

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent																	1									1			
Mailing Address																													
																						L				_			
CITY														STA	ΤE				ZII	ΡC	OD	ιE							
Title or Position																													
														Tele	eph	one	e ni	umt	ber										

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.

	Houston Federal Credit Union		
Mailing Address	3701 Kirby Dr.		
	#120		
		TX 77098	
	CITY	STATE	ZIP CODE
Name of Bank, D	epository, etc.		
Mailing Address			
	CITY	STATE	ZIP CODE