2017 - 11 - 28 - 03 - 00181216

FEC FORM

STATEMENT OF ORGANIZATION

RECEIVED FEC MAIL CENTER

2017 NOV 28 PM 3: 05

FURIVI I			Office Use Only 2: 03
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5
HULTE FOR	T.E. X.A.S. 125.		
ADDRESS (number and street)	[P,D, B,O,X, 3]	1.0.	
☐ ◀ (Check if address is changed)			
	CITY A		71X 718.716.7 - 1 ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	SS		
☐ (Check if address is changed)	Liulizeeol	i ver 20,18, Co	<u>, M, j, , , , , , , , , , , , , , , , , </u>
	Optional Second E-Mail A		
		 	
		,	e e e e e e e e e e e e e e e e e e e
COMMITTEE'S WEB PAGE AD	DRESS (URL)	· • • • • • • • • • • • • • • • • • • •	
(Check if address is changed)	10, L, 1, V, E, R, 2, 0, 1	1 18 1. 1C10 M	
2. DATE 1 2	2 2017		
3. FEC IDENTIFICATION N	umber ▶ C		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
I certify that I have examined to	his Statement and to the be	est of my knowledge and belief	it is true, correct and complete.
Type or Print Name of Treasure	Theresa	Ellington	
Signature of Treasurer	Muy Eliz		Date Date 24 20 7
NOTE: Submission of false, error		on may subject the person signing	this Statement to the penalties of 52 U.S.C. §30109 WITHIN 10 DAYS.
Office Use Only		For further information Federal Election Commis Toll Free 800-424-9530	

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TYPE OF (COMMITTEE
	e 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. (Complete the candidate information below.)
Name of Candidate	J. U. L. I. G. , O. L. I. V. G. R. , , , , , , , , , , , , , , , , , ,
Candidate - Party Affiliat	ion DEM Office State Sought: House Senate President District 2.5
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Co	mmittee: (National, State (Democratic,
(d)	This committee is a or subordinate) committee of the 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
	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 Fun	draising 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.
Cor	nmittees Participating in Joint Fundraiser
1.	FEC ID number
2.	FEC ID number
3.	FEC ID number
4.	FEC ID number

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03.0
00181
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V	rite or Type Committee Nan		N		
		 			
6.	Name of Any Connected	Organization, Affiliated	Committee, Joint Fund	draising Representative	, or Leadership PAC Sponsor
L					<u> </u>
L					
	Mailing Address				
			CITY	STATE	ZIP CODE
	Relationship: Connect	ed Organization Affilia	ted Committee	nt Fundraising Represent	ative Leadership PAC Sponso
	_ ,				
7.	Custodian of Records: Id books and records.	entify by name, address (phone number option	nal) and position of the	person in possession of committee
	Full Name	TIDLIVER			
	Mailing Address	PIO BOX	<u>3</u> ,1,0, , , , ,		
		AUSTIN,		[\ \	[7.8.7.6.7]-
	Title or Position		CITY	STATE	ZIP CODE
	MANAGER	1 1 1 1 1 1 1		Telephone number	
	· · · · · · · · · · · · · · · · · · ·		 		
8.	Treasurer: List the name a any designated agent (e.g.		er optional) of the tr	easurer of the committe	e; and the name and address of
	Full Name of Treasurer	RESA ELL	1 NGT ON .	}_}	
	Mailing Address	1402 AN	AQUA		
			·	<u> </u>	111111111
		AUSTIN,			17.8.7.5.01-1
	Title or Position		CITY	STATE	[7,8,7,5,0]-[ZIP CODE

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			,	
Full Name of Designated Agent	7.7.10.61.0.6R			
Mailing Address	190 BOX 310	<u>'1 </u>	<u> </u>	·
	L			
	AUST IN CITY		TY STATE	7.87.67) ZIP CODE
Title or Position		Telephone nu	umber 5	12-136-7640
Banks or Other Depos safety deposit boxes or Name of Bank, Deposite		sitories in which the comm	ittee deposits t	funds, holds accounts, rents
<u>lus</u>	<u>β</u> β.			
Mailing Address	1,0750 mc06	RMOITT FW	1,	
			1.1.1.1	
	ISIAN ANTONI	10	TH	78289-6544
	CITY	·	STATE	ZIP CODE
Name of Bank, Deposit	ory, etc.			

CITY ·

ZIP CODE

STATE

2017-11-28-03-00181219

Mailing Address

156297-255 17 1756 10/18

SHIP DATE: 27NOV17 ACTWGT: 0.20 LB CAD: 6990337/SSF01822

BILL CREDIT CARD ORIGIN ID:AUSA (512) 736-7640 MATT OLIVER

FEDERAL ELECTION COMMISSION

AUSTIN, TX 78704 UNITED STATES US

115 NELLIE ST

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WASHINGTON DC 20463

999 E ST NW FL 1ST

TUE - 28 NOV 3:00P STANDARD OVERNIGHT

20463 DC-US IAD

XC RDVA

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING I The FEC added this page to the end of this filing to indicate h	
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No Postmark	
Overnight Delivery Service (Specify): FED-EX Next Business	Shipping Date 11/27/17 Day Delivery
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
Other (Specify):	eceipt or Postmarked
DDEDARED	11/28/2017
(3/2015)	DATE PREPARED