

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

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COMMISSION MAIL ROOM

OCT 28 10 41 AM '97

|                                                                 |  |                                                        |  |                                                                                                        |  |
|-----------------------------------------------------------------|--|--------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------|--|
| 1. (a) NAME OF COMMITTEE IN FULL<br><b>MARIA FOR CONGRESS</b>   |  | <input type="checkbox"/> (Check if name is changed)    |  | 2. DATE<br><b>10-20-97</b>                                                                             |  |
| (b) Number and Street Address<br><b>1148 W. Russell</b>         |  | <input type="checkbox"/> (Check if address is changed) |  | 3. FEC Identification Number                                                                           |  |
| (c) City, State and ZIP Code<br><b>San Antonio, Texas 78201</b> |  |                                                        |  | 4. Is This Report An Amendment?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |  |

## 5. TYPE OF COMMITTEE (Check one)

- ☒ (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<br><b>Maria Antonietta Berriozabal</b> | Candidate Party Affiliation<br><b>Democrat</b> | Office Sought<br><b>U.S. Congress</b> | State/District<br><b>Texas</b> |
|----------------------------------------------------------|------------------------------------------------|---------------------------------------|--------------------------------|
- ☐ (c) This committee supports/opposes only one candidate, \_\_\_\_\_ and is NOT an authorized committee.  
(name of candidate)
- ☐ (d) This committee is a \_\_\_\_\_ committee of the \_\_\_\_\_ Party.  
(National, State or subordinate) (Democratic, Republican, etc.)
- ☐ (e) This committee is a separate segregated fund.
- ☐ (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

| 6. Name of Any Connected Organization or Affiliated Committee | Mailing Address and ZIP Code | Relationship |
|---------------------------------------------------------------|------------------------------|--------------|
| N/A                                                           | N/A                          | N/A          |

## Type of Connected Organization

- ☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization ☐ Membership Organization ☐ Trade Association ☐ Cooperative

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

|                            |                                            |                   |
|----------------------------|--------------------------------------------|-------------------|
| Full Name                  | Mailing Address                            | Title or Position |
| <b>Mary Helen Alvarado</b> | <b>1610 Delgado, San Antonio, TX 78207</b> | <b>Treasurer</b>  |

## 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).

|                            |                                               |                   |
|----------------------------|-----------------------------------------------|-------------------|
| Full Name                  | Mailing Address                               | Title or Position |
| <b>Mary Helen Alvarado</b> | <b>1610 Delgado, San Antonio, Texas 78207</b> | <b>Treasurer</b>  |

## 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. | Mailing Address and ZIP Code                               |
| <b>Frost National Bank</b>     | <b>100 W. Houston at Main<br/>San Antonio, Texas 78205</b> |

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<br><b>Mary Helen Alvarado</b> | SIGNATURE OF TREASURER<br><i>Mary Helen Alvarado</i> | DATE<br><b>10-20-97</b> |
|---------------------------------------------------------------|------------------------------------------------------|-------------------------|

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.

For further information contact:  
Federal Election Commission  
Toll-free 800-424-9530  
Local 202-219-3420

FEBAND63

**FEC FORM 1**  
(revised 4/87)

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

|                                                                                                 |                                      |
|-------------------------------------------------------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Hand Delivered                                                         | Date of Receipt                      |
| <input type="checkbox"/> First Class Mail                                                       | POSTMARKED                           |
| <input checked="" type="checkbox"/> Registered/Certified Mail                                   | POSTMARKED<br>10-21-97               |
| <input type="checkbox"/> No Postmark                                                            |                                      |
| <input type="checkbox"/> Postmark Illegible                                                     |                                      |
| <input type="checkbox"/> Received from the House office of Records and Registration             | Date of Receipt                      |
| <input type="checkbox"/> Received from the Senate Office of Public Records                      | Date of Receipt                      |
| <input type="checkbox"/> Other ( Specify):                                                      | Postmarked<br>and/or Date of Receipt |
| <input type="checkbox"/> Electronic Filing                                                      |                                      |
| <br>PREPARER | 10-28-97<br>DATE PREPARED            |