## 2015-10-20-03-00029249

**FEC** FORM 1

Use

Only

## STATEMENT OF **ORGANIZATION**

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(Revised 06/2012)

NAME OF     COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FELMOCT 20 AM II: 56		
David Reed	Carnersti	one Clampain	an Cammittee		
		<u> </u>			
ADDRESS (number and street)	13449 Por	derosa Rai	1ch Road : 1111		
(Check if address is changed)		1 1 1 1 1 1 1 1			
	Rio ano Kie		TX 7.6.2.6.2 - 1		
COMMITTEE'S E-MAIL ADDRES	SS				
(Check if address is changed)	electdrea	DATTINET			
to onangee,	Optional Second E-Mail Ac				
(Check if address is changed)	lom III		1. P.F.O.P.F.P.P.S.i.d.en.T.C		
2. DATE 1.5 2.01.5					
3. FEC IDENTIFICATION NUMBER ▶ CO.0.5.86.2.0.6					
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)			
I certify that I have examined th	is Statement and to the bes	t of my knowledge and belief	it is true, correct and complete.		
Type or Print Name of Treasure	David Re	ed Corne	rstone		
Signature of Treasurer	David Co	Thestone	Date 1.0 1.5 2015		
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109  ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.					
Office		For further information Federal Election Commis	EEL ELIBIU I		

Toll Free 800-424-9530

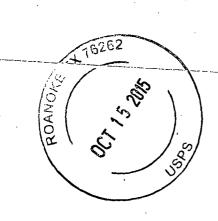
Local 202-694-1100

TEOT	1 (Tevisco 02/2003)					
	COMMITTEE					
Candidat	e 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 of Candidate						
Candidate Party Affilia	ion REP Office State President District					
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name of Candidate						
Party Co	mmittee:					
(d)	(National, State (Democratic, republican, etc.) Party.					
Political A	Action Committee (PAC):					
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:					
Card	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 Fundraising Representative:						
(9)	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 C					

	<u> </u>
Write or Type Committee Nam	e e
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor
<u> </u>	
Mailing Address	
•	CITY STATE ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponso
<ol> <li>Custodian of Records: Ide books and records.</li> </ol>	entify by name, address (phone number optional) and position of the person in possession of committee
Full Name Tre	agarier
Mailing Address	
•	
Title or Position	CITY STATE ZIP CODE
	Telephone number
B. Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the name and address of assistant treasurer).
Full Name of Treasurer	id Reed Carner Stane
Mailing Address	13449 Ponderosa Ranch Road
	CITY STATE ZIP CODE
Title or Position  TITLEASIULET	Telephone number

9.

FEC Form 1 (Revise	d 02/2009)		Page <b>4</b>			
Full Name of Designated Agent	MGUYEN	1   1   1   1   1   1   1   1   1   1				
Mailing Address	113449 Ponderosi	RIANCH R	oad			
	RIOIAINOIKE CITY	STATE	17.6.2.6.2-L			
Title or Position  ASSINTAINT	Treasurer	Telephone number 🛭 ይ	171-14911-15213			
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.						
Cure 1	1.5 Fax60					
Mailing Address	2850 HBKitage	Trace far	KWay			
	Fartwarth	المركز لسب	7.6.1.7.71-			
	CITY	STATE	ZIP CODE			
Name of Bank, Depository,	etc.					
·			1			
<u></u>						
Mailing Address		<u> </u>				
•						
	CITY	STATE	ZIP CODE			





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999 ESTINEET, N.W Federal Election Commission

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Next Business	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			
	ceipt or Postmarked			
Other (Specify):				
PREPARER	b 20/15 DATE PREPARED			
(3/2015)	<u> </u>			