## **STATEMENT OF**

| FORM 1   | ORGANIZA<br>(See instruction                   |   |                  | Office use only                             |
|--|--|---|------------------|---|
| 1. NAME OF<br>COMMITTEE (in t  | (Check if name is changed)                     | Example: If typying, type over the lines                            | 12FE4M5          |   |
| Texans For Br  | asovan<br>                                     |   |                  |   |
| ADDRESS (number and s  | 105 Forest Court                               |   |                  |   |
| (Check if address is changed)  | Aledo  |   |                  | 76008                                       |
|  |  | CITY▲   | STATE▲           | ZIP CODE 📥                                  |
| COMMITTEE'S E-MAI  (Check if address is changed)                             | L ADDRESS (Please provide only one e-i         | *   |                  |   |
| COMMITTEE'S WEB  (Check if address is changed)                               | PAGE ADDRESS (URL)  www.mikebrasovan.o         | com   |                  |   |
| <ol> <li>DATE 1.2</li> <li>FEC IDENTIFICA</li> <li>IS THIS STATEM</li> </ol> | 31 2011 TION NUMBER                            | C C00464909  AMENDED (A   | )                |   |
| I certify that I have examined a suppose or Print Name of                    | ned this Statement and to the best of my knoon | -   | ect and complete |   |
| Signature of Treasurer   | Electronically Filed by Mike Wayı              | ne Brasovan   | Date 0 1         | 7 3 1 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| NOTE: Submission of fal  | se, erroneous, or incomplete information may   |   | •                |   |
| Office<br>Use<br>Only  |  | For further informa<br>Federal Election Con<br>Toll Free 800-424-90 | nmission         | FEC FORM 1<br>(Revised 02/2009)             |

| FEC                        | Form 1 (Revised 02/2009)   | Page 2                                  |  |  |  |  |  |  |
|----------------------------|--|---|--|--|--|--|--|--|
| 5. TYPE OF C               | COMMITTEE (Check One)  |   |  |  |  |  |  |  |
| Candidate                  | Committee:   |   |  |  |  |  |  |  |
| (a) X                      | 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<br>Candidate       | Mike Wayne Brasovan  |   |  |  |  |  |  |  |
| Candidate<br>Party Affilia | REP Office X House Senate Pr   | State State District 12                 |  |  |  |  |  |  |
| (c)                        | This committee supports/opposes only one candidate, and is NOT an authorized committee.  |   |  |  |  |  |  |  |
|                            |  |   |  |  |  |  |  |  |
| Name of<br>Candidate       |  |   |  |  |  |  |  |  |
| Party Com                  | mittee:  |   |  |  |  |  |  |  |
| (d)                        | This committee is a (National, State (or subordinate) committee of the   | (Democratic,<br>Republican,etc.) Party. |  |  |  |  |  |  |
| Political A                | 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.)   |   |  |  |  |  |  |  |
| -loint Funds               | raising Representative:  |   |  |  |  |  |  |  |
|                            |  |   |  |  |  |  |  |  |
| (g)                        | This committee collects contributions, pays fundraising expenses and disburses net proceeds 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 committees/organizations, none of which is an authorized committee of a federal candidate.         | s for two or more political             |  |  |  |  |  |  |
| Cor                        | mmittees Participating in Joint Fundraiser   |   |  |  |  |  |  |  |
|                            | 1 FEC ID number C  |   |  |  |  |  |  |  |
|                            | 2 FEC ID number C  |   |  |  |  |  |  |  |
|                            | 3. FEC ID number <b>C</b>  |   |  |  |  |  |  |  |
|                            | 4 FEC ID number C  |   |  |  |  |  |  |  |

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|---|---|-----------------------------|--------------|-------------------------|--|--|--|
| Write or Type Committee Name                          |   |                             |              |                         |  |  |  |
| Texans For Brasovan                                   |   |                             |              |                         |  |  |  |
| 6. Name of Any Connected Org                          | ganization, Affiliated Committee, c   | loint Fundraising Represent | ative, or Le | eadership PAC Sponsor   |  |  |  |
| NONE  |   |                             |              |                         |  |  |  |
|   |   |                             |              |                         |  |  |  |
| Mailing Address                                       |   |                             |              |                         |  |  |  |
|   |   |                             |              |                         |  |  |  |
|   |   |                             |              |                         |  |  |  |
|   | CITY▲   | \$                          | STATE A      | ZIP CODE                |  |  |  |
| Relationship:   | _   | _                           |              | _                       |  |  |  |
| Connected Organization                                | Affiliated Committee  | Joint Fundraising Repre     | esentative   | Leadership PAC Sponsor  |  |  |  |
| possession of Committee                               | Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.  Mike Wayne Brasovan |                             |              |                         |  |  |  |
| Mailing Address                                       | 105 Forest Court  |                             |              |                         |  |  |  |
|   | Aledo   |                             | TX           | 76008                   |  |  |  |
| Title or Position ▼  Treasurer                        | CITY A  | Telephone numb              | STATE A      | ZIP CODE 14<br>'5645644 |  |  |  |
| name and address of any  Full Name of TreasurerMike V | of Treasurer Mike Wayne Brasovan  |                             |              |                         |  |  |  |
| Mailing Address                                       |   |                             |              |                         |  |  |  |
|   | Aledo   |                             |              | <b>76008</b> –          |  |  |  |
| Title or Position ♥                                   | CITY A  |                             | STATE        | ZIP CODE A              |  |  |  |
| Treasurer   |   | Telephone numb              | 817<br>per   | 7 _ 564 _ 5644          |  |  |  |

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|----|-------------------------------------|----------------|---------------|----------------------------------|-------------------------------|--------------------|
|    | Full Name of<br>Designated<br>Agent | _              |               |                                  |                               |                    |
|    | Mailing Address                     | <b>S</b> .     |               |                                  |                               |                    |
|    |                                     |                |               |                                  |                               |                    |
|    | Title or Position ▼                 |                |               | CITY A                           | STATE 🛦                       | ZIP CODE A         |
|    |                                     |                |               | Telep                            | hone number                   |                    |
| 9. | Banks or Other I                    |                |               | ner depositories in which the co | ommittee deposits funds, hold | ls accounts, rents |
|    | Name of Bank, De                    | epository, etc | <b>.</b>      |                                  |                               |                    |
|    |                                     | Frost          | Bank          |                                  |                               |                    |
|    | Mailing Address                     |                | 6115 Camp Bow | ie Blvd                          |                               |                    |
|    |                                     |                |               |                                  |                               |                    |
|    |                                     |                | Fort Worth    |                                  | ТХ                            | 76116              |
|    |                                     |                |               | CITY 🛕                           | STATE⊿                        | ZIP CODE 🛕         |
|    | Name of Bank, De                    | epository, etc | <b>.</b> .    |                                  |                               |                    |
|    |                                     |                |               |                                  |                               |                    |
|    | Mailing Address                     |                |               |                                  |                               |                    |
|    |                                     |                |               |                                  |                               |                    |
|    |                                     |                |               |                                  |                               |                    |
|    |                                     |                |               | CITY 🔼                           | STATE <b>△</b>                | ZIP CODE 🛕         |