STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Eddie Zamora for Congress 2015 Las Palmas Drive ADDRESS (number and street) (Check if address is changed) Edinburg 78539 TX CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS EddieZamora@Reagan.com (Check if address is changed) Optional Second E-Mail Address sz0519@live.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.EddieZamoraforCongress.com (Check if address is changed) DATE 20 2019 C00427708 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Zamora, Soraya, , , Type or Print Name of Treasurer Zamora, Soraya, , , [Electronically Filed] 03 26 2019 Signature of Treasurer Date 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. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

FEC F	orm 1 (Revised 02/2009)	Page 2
TYPE OF	COMMITTEE	
Candida	e Committee:	
(a) x	This committee is a principal campaign committee. (Complete the candidate information below	2.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Corinformation below.)	mplete the candidate
Name of Candidate	Zamora, Eddie, , ,	
Candidate	Office tion Rep Sought: X House Senate President	State
Party Affilia	tion Rep Sought: X House Senate President	District 15
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co		
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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 s committee. (i.e., nonconnected committee)	segregated fund or party
	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 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 t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Cor	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

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Write or Type Committee Name		
Eddie Zamora fo	or Congress	
	rganization, Affiliated Committee, Joint Fundraising Representative, or Leaders	hip PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Lea	adership PAC Sponsor
 Custodian of Records: Ident books and records. 	ify by name, address (phone number optional) and position of the person in pos	ssession of committee
Zamora, So	oraya, , ,	ı
Full Name	2015 Las Palmas Drive	
Mailing Address		
	EDINBURG , TX , 78539	
Title or Position	CITY STATE	ZIP CODE
		292 6011
3. Treasurer: List the name and any designated agent (e.g., as	address (phone number optional) of the treasurer of the committee; and the na ssistant treasurer).	me and address of
Full Name Zamora, So	raya, , ,	1
of Treasurer	2015 Las Palmas Drive	
Mailing Address	<u> </u>	
	EDINBURG TX 178539	
		ZIP CODE
Title or Position Treasurer		292 - 6011

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Full Name of Designated	1 , , , , , , , , , , , , , , , , , , ,	
Agent		
Mailing Address		
	CITY STATE Z	ZIP CODE
Title or Position		1 7
	Telephone number	
	Chase	
Mailing Address		
Mailing Address	₁ 5601 North 10th	
Mailing Address	5601 North 10th McAllen TX 78504	ZIP CODE
Mailing Address Name of Bank, I	5601 North 10th McAllen CITY STATE Z	ZIP CODE
	5601 North 10th McAllen CITY STATE Z	ZIP CODE
	SECOND North 10th McAllen CITY STATE Z Depository, etc.	ZIP CODE
Name of Bank, I	SECOND North 10th McAllen CITY STATE Z Depository, etc.	ZIP CODE
Name of Bank, I	SECOND North 10th McAllen CITY STATE Z Depository, etc.	