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FEC  
FORM 1

# STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

FRANK ENRIQUEZ FOR CONGRESS

ADDRESS (number and street)

4200-B N. BICENTENNIAL

(Check if address is changed)

MCALLEN

TX

78504

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

Frankenriquezforcongress@frankenriquez.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.frankenriquez.com

COMMITTEE'S FAX NUMBER

956 - 618 - 5064

2. DATE

09

05

2006

3. FEC IDENTIFICATION NUMBER ▶

C

4. 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.

Type or Print Name of Treasurer PRESTON E. HENRICHSON

Signature of Treasurer

Date

09

05

2006

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  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2003)

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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 FRANK ENRIQUEZ

Candidate Party Affiliation  DEM Office Sought:  House  Senate  President State  TX District  28

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

- (d)  This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

- (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 party committee.

6. Name of Any Connected Organization or Affiliated Committee

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_-\_\_\_\_\_  
 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship \_\_\_\_\_

Type of Connected Organization:

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

26039180322

Write or Type Committee Name

**FRANK ENRIQUEZ FOR CONGRESS**

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 **FRANK BARRERA**

Mailing Address **7017 N. 10TH ST., STE. 200**

**MCALLEN TX 78504**

Title or Position **RECORD HOLDER** CITY STATE ZIP CODE

Telephone number **956-631-1120**

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 of Treasurer **PRESTON E. HENRICHSON**

Mailing Address **222 W. CANO**

**EDINBURG TX 78540**

Title or Position **TREASURER** CITY STATE ZIP CODE

Telephone number **956-383-3535**

Full Name of Designated Agent **JORGE HERNANDEZ**

Mailing Address **BOX 3906**

**ALAMO TX 78516**

Title or Position **ASSISTANT TREASURER** CITY STATE ZIP CODE

Telephone number **956-878-4221**

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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.

FROST NATIONAL BANK

Mailing Address

P.O. BOX 2678

510 E. RIDGE RD.

MCALLEN

TX

78502

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

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*9-5-06*  
 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

Other (Specify): Date of Receipt or Postmarked

*Jm D*  
 PREPARER

*9-6-06*  
 DATE PREPARED

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