

# FEC FORM 1

# STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)  (Check if name is changed) Example: If typing, type over the lines

12FE4M5

Ortiz for Congress Committee

ADDRESS (number and street)

PO Box 7806

(Check if address is changed)

Corpus Christi

TX

78467

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

ortiz4congress@yahoo.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

http://www.ortizforcongress.com

2. DATE  /  /

3. FEC IDENTIFICATION NUMBER

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 Adelfino Palacios

Signature of Treasurer Electronically Filed by Adelfino Palacios

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 Use Only

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

FEC FORM 1  
(Revised 02/2009)

5. TYPE OF COMMITTEE (Check One)

**Candidate 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 Solomon P Ortiz

Candidate Party Affiliation DEM Office Sought:  House  Senate  President State TX District 27

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

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

**Party Committee:**

- (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 connected organization is a:
  - Corporation  Corporation w/o Capital Stock  Labor Organization
  - Membership Organization  Trade Association  Cooperative
- (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 Lobbyist/Registrant PAC.
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g)  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.

Committees Participating in Joint Fundraiser

1. _____	FEC ID number	<b>C</b> _____
2. _____	FEC ID number	<b>C</b> _____
3. _____	FEC ID number	<b>C</b> _____
4. _____	FEC ID number	<b>C</b> _____

Write or Type Committee Name

**Ortiz for Congress Committee**

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

**TX27 Recount Fund**

Mailing Address **1831 Bay Street SE**

**Washington** **DC** **20003**

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship:

Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

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 **Carol Vasquez**

Mailing Address **PO Box 7806**

**Corpus Christi** **TX** **78467**

CITY ▲ STATE ▲ ZIP CODE ▲

**Custodian of Records** Telephone number **361** - **883** - **5708**

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 **Adelfino Palacios**

Mailing Address **PO Box 7806**

**Corpus Christi** **TX** **78467**

CITY ▲ STATE ▲ ZIP CODE ▲

**Treasurer** Telephone number **361** - **883** - **5708**

Full Name of Designated Agent

Adria Palacios - Basquez

Mailing Address

PO Box 7806

Corpus Christi

TX

78467

Title or Position

CITY

STATE

ZIP CODE

Assistant Treasurer

Telephone number

361

883

5708

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.

American Bank

Mailing Address

100 American Bank Plaza

711 N Carancahua at Leopard

Corpus Christi

TX

78475

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Wells Fargo Bank

Mailing Address

PO Box 1108

Robstown

TX

78380

CITY

STATE

ZIP CODE

**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.

[ ADDITIONAL ]

**PNC Bank**

Mailing Address

**1799 Columbia Road NW**

**Washington**

**DC**

**20009**

CITY ▲

STATE ▲

ZIP CODE ▲

[ ADDITIONAL ]

**Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

[ ADDITIONAL ]

**Designated Agent**

Full Name

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

**Joint Fundraiser Participant**

[ ADDITIONAL ]

FEC ID number

C