FEC FORM

## STATEMENT OF ORGANIZATION

2011 SEP 22 AM 9 29 FEC MAIL CENTER

FORM 1		0							
						<u> </u>	Office	Use Only	
1. NAME OF COMMITTEE (in	n full)	(Check is char	k if name nged)		mple:If typing, ty	12FE	4M5	}   }	
Jeff Barea	a 4 Pr	<b>'ez</b>	1 1 1 1	i i 1	1111	1 1 1 1 1		1 1 1 1 1	
		1 1 1	<u> </u>		1 1 1 1				
ADDRESS (number a	nd street)	2320 V	V Prai	rie S	St #209				
(Check if an is changed)		Dentor	<u> </u>			TX	76	201	
				CITY		STATE		ZIP CODE	
COMMITTEE'S E-MA	AIL ADDRES				<sub>dress)</sub> Barea4F	Prez coi	m		1
(Check if is change	address id)		·   ·   ·   ·   ·   ·   ·   ·   ·   ·					<u>                                     </u>	
COMMITTEE'S WEB	PAGE ADI	DRESS (URL)	. Note that the first of the contract of the c	DEF OF	gPat Rea V (2012) es seatino lengua centro	Arrio Byrogery Harris III (1985)		a service property of the contract of the cont	. * t: 
(Check if is change		http://v	<b>/////.j</b> (	ettba	area4pro	ez.com	<u> -*                                    </u>		
2. DATE OS	<b>)</b> 15	5 201			State of the state			·.	<u>ii</u>
3. FEC IDENTIFIC	CATION N	:· JMBER	c0	049	5127				
4. IS THIS STATE	MENT	NEW (N)	OR	×	AMENDED	(A)			
I certify that I have a	examined th	is Statement'an	d to the bes	st of my	knowledge and b	pelief it is true, c	orrect and c	omplete.	
Type or Print Name	of Treasure	, <u>Jeffre</u>	y Sco	tt Ba	area	·			
Signature of Treasur	er	Upy.	Soft	Ba	na_	∠ Date	09') '	15 20	)11"
NOTE: Submission of					oject the person s			nalties of 2 U.S	.C. §437g.
Office Use					For further inform		F	EC FORM	1

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TYPE OF COMMITTEE					
Candidate Committee:					
(a)	$\bowtie$	This committee is a principal campaign committee. (Complete the candidate information below.)			
(p)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complet information below.)	e the candidate		
Name Cand		Jeffrey Scott Barea			
Cand Party	idate Affiliati	on REP Office Sought: House Senate President	State District		
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	State		
Name Cand	-				
Part	y Con	nmittee:			
(d)			mocratic, publican, etc.) Party.		
Polit	tical A	action Committee (PAC):			
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) its connec	ted organization is a		
		Corporation Corporation w/o Capital Stock	abor Organization		
		Membership Organization Trade Association G	ooperative		
		In addition, this committee is a Lobbyist/Registrant PAC.			
(f)	П	This committee supports/opposes more than one Federal candidate, and is NOT a separate segre	gated fund or party		
	ш	committee. (i.e., nenconnected committee)			
		In addition, this committee is a Lobbyist/Registrant PAC.			
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)			
Join	t Func	draising Representative:	,		
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political		
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, none of which is an authorized committee of a federal candidate.	r more political		
	Com	nmittees Participating in Joint Fundraiser			
	1.	FEC ID number C			
	2.	FEC ID number C	line on the continue of the continue of		
	3.	FEC ID number			
	4.	FEC ID number	en e		

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FEC Form 1 (Revised (		Page 3
Write or Type Committee Name		
Jeff Barea 4 Pr	ez	
6. Name of Any Commected C	organization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	nip PAC Sponsor
1111111		
		<u> </u>
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative Lea	dership PAC Sponsor
<ol> <li>Custodian of Records: Ider books and records.</li> </ol>	ntify by name, address (phone number optional) and position of the person in pos	session of committee
Jeffre	/ Scott Barea	i
Full Name	2320 W Prairie St #209	<u> </u>
Mailing Address	2525 * 1 Table 50 #209	
	Denton TX 7620	<u>1</u>
Title or Position	CITY STATE	ZIP CODE
Custodian of Rec	Cords Telephone number 940, - 23	30,  - 3156
8. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the nar assistant treasurer).	me and address of
Full Name Jeffre of Treasurer	ey Scott Barea	
Mailing Address	2320 W Prairie St.#209	
		11111
	Denton TX 17620	1
Title or Desition	CITY STATE	ZIP CODE
Title or Position Treasurer		0 _ [3156 _ ]

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Full Name of Designated Agent Jeffrey	Scott Barea	<u> </u>	
Mailing Address	2320, W Prairie St,#209		
	Denton city	STATE	76201 - ZIP CODE
Title or Position Designated Ager	nt Telephone nu	mber 94	0 - 230 - 3156,
safety deposit boxes or main Name of Bank, Depository,		tee deposits	funds, holds accounts, rents
Mailing Address	1500 W University Drive	<u> </u>	
	Denton	ŢΧŢ	76207
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
		1 1 1 1	
Mailing Address			
		لـنــا	<u> </u>
	CITY	STATE	ZIP CODE

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING D The FEC added this page to the end of this filing to indicate ho	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked 9 16/11
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirma	ation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	· .
Overnight Delivery Service (Specify):	Shipping Date
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):	eipt or Postmarked
82	9/22/11
PREPARER (3/2005)	DATE PREPARED
Other (Specify):	eipt or Postmarked