

FEC
FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
FEC MAIL CENTER
2009 JUN -9 A 11: 11

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

MIGUEL ORTIZ FOR CONGRESS

ADDRESS (number and street)

PO BOX 10894

(Check if address
is changed)

SAN ANTONIO

TX

78210-

CITY

STATE

ZIP CODE

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

(Check if address
is changed)

MIGUELORTIZ4CONGRESS@GMAIL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

2. DATE

06

02

2009

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

LUIS VERA

Signature of Treasurer

Date

06

02

2009

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)

29030100401

5. TYPE OF COMMITTEE

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 MIGUEL ANTONIO ORTIZ

Candidate Party Affiliation DEM Office Sought: House Senate President State TX District 23

- (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
 - 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.)

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

29030100402

Write or Type Committee Name

MIGUEL ORTIZ FOR CONGRESS

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

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

LOUIS MANUEL VERA

Mailing Address

PO BOX 760385

SAN ANTONIO

[Empty grid lines for address]

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 210-860-8086

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

LOUIS H. VERA

Mailing Address

PO BOX 760385

SAN ANTONIO

[Empty grid lines for address]

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 210-860-8086

29030100403

Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address]

[Empty grid for Mailing Address]

[Empty grid for Mailing Address]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid for Title or Position]

Telephone number

[Empty grid for Telephone number]

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.

COMPASS BANK

Mailing Address

P.O. BOX 44

[Empty grid for Mailing Address]

SAN ANTONIO TX 78291-0044

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty grid for Name of Bank, Depository, etc.]

Mailing Address

[Empty grid for Mailing Address]

[Empty grid for Mailing Address]

[Empty grid for Mailing Address]

CITY

STATE

ZIP CODE

29030100404

**COMPASS BANK NON-PERSONAL
DEPOSIT ACCOUNT SIGNATURE CARD**

Date 05/01/2009	Prepared By Suzy H Juarez	State, Branch No. & Cost Center TX 678 23300
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[X] New Account [] Change Authorized Signers** [] Name Change**

** New Resolution is required

The undersigned agree(s) to the terms of the Non-Consumer Account Agreement and acknowledge(s) receipt of a copy of the Agreement and a current interest and service charge schedule or disclosure.

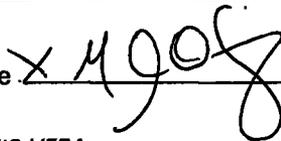
**ONLY ONE ACCOUNT PER CARD
USE BLACK MEDIUM POINT PEN**

ACCOUNT NAME MIGUEL ORTIZ FOR CONGRESS			
TAXPAYER IDENTIFICATION NUMBER	NO. SIG. REQUIRED	BANK NO.	ACCOUNT NO.

Present At Opening

Yes No

Name MIGUEL ORTIZ Title MEMBER

Signature 

Name LUIS VERA Title MEMBER

Signature 

Name _____ Title _____

Signature _____

Name _____ Title _____

Signature _____

TAXPAYER IDENTIFICATION NUMBER CERTIFICATION
For the Account Owner/Business

Individual/Sole Proprietor Corporation
 Partnership Other Non-Business

(Refer to the Non-Consumer Account Agreement for a complete explanation of Backup Withholding Regulations.)

Under penalties of perjury, I certify that:

- The Internal Revenue Service has not advised me that I am currently subject to backup withholding unless I check this block.
- I am a U.S. person (including a U.S. resident alien) unless I check this block.
- The number shown above is the correct Taxpayer Identification Number for tax reporting purposes; OR
 A Taxpayer Identification Number has been applied for (If number is not provided within 60 days, the account will be closed. If a withdrawal of \$500 or more is made prior to the Bank's receipt of this number, the Bank will withhold 28% from interest payments.); OR
 All owners of this account are nonresident aliens (or this is a foreign entity) who have (has) provided the appropriate completed Form W-8; OR
 Based on Internal Revenue Service regulations, I am a U.S. exempt payee and not subject to Backup Withholding.

Authorized Signature 

Data Entry (Bag)

29030100405

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)
6/8/09

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ 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): Date of Receipt or Postmarked



6/9/09

PREPARER
(3/2005)

DATE PREPARED

29030100406