

2006 JAN 10 A 10:43

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

EDDIE ZAMORA for CONGRESS

ADDRESS (number and street)

408 S. HILL ST

(Check if address
is changed)

EDCOUCH

TX

78538

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

mail@eddiezamoraforcongress.com

ezamora@rioplexwireless.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

http://eddiezamoraforcongress.com

http://www.eddiezamoraforcongress.com

COMMITTEE'S FAX NUMBER

210-568-4950

2. DATE

01

07

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

Diane S. Trevino

Signature of Treasurer

Diane S. Trevino

Date

01

07

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)

26038943412

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.)

(Eddie Zamora)

Name of Candidate Eward Romero Zamora, Jr.

Candidate Party Affiliation REP Office Sought: House Senate President State TX District 15

- (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

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Write or Type Committee Name

Eddie Zamora 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 DIANE SALINAS TREVINO

Mailing Address 216 WAXAHACHIE

MISSION TX 78574-

Title or Position CITY STATE ZIP CODE

TREASURER

Telephone number 956-638-8862

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 DIANE SALINAS TREVINO

Mailing Address 216 WAXAHACHIE

MISSION TX 78574-

Title or Position CITY STATE ZIP CODE

TREASURER

Telephone number 956-638-8862

Full Name of Designated Agent ARMANDO ARECHIGA

Mailing Address 717 S. J. ST.

McALLEN TX 78501-

Title or Position CITY STATE ZIP CODE

Designated Agent-IT

Telephone number 956-467-6854

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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.

Inter National Bank

Mailing Address

1801 S. 2ND ST.

McALLEN TX 78503

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

26038943415

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fed Ex</i>	Shipping Date <i>1/9/06</i>
Next Business Day Delivery <input checked="" type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

	<i>1/10/06</i>
PREPARER	DATE PREPARED

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