## 3031051460

FEC

## STATEMENT OF

MECEIVED

FORM 1		ORGANIZ	ATION	1	APR - I AM II: 36
NAME OF COMMITTEE (in	n full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	O MAIL OF WIFT
Day for	Pre	sident	نسلساساساساسانساسا	<u> </u>	<u></u>
	.iii		1111111111		
ADDRESS (number and street)  (Check if address is changed)			. <mark>1.1</mark>		5
			ils and		
COMMITTEE'S E-MA	AIL ADDRES	s			
(Check if a is changed	address d)	Optional Second E-Mail Ad			
2. DATE <b>0</b>	<b>3</b>	2013		<u>i</u>	<u>i</u>
3. FEC IDENTIFIC	CATION NUI	MBER ► C D	0497339		
4. IS THIS STATEM	MENT	NEW (N) OR	AMENDED (A)		
certify that I have e	examined this	Statement and to the best	t of my knowledge and belief it	is true, correct	and complete.
Type or Print Name o	of Treasurer		Timothy Day		
Signature of Treasure	er	Teath	Jan X	Date D	2 2013
NOTE: Submission of f		·	may subject the person signing the ION SHOULD BE REPORTED WI		the penalties of 2 U.S.C. §437g.
Office Use Only			For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

FEC I	Form 1 (Revised 02/2009)	Page 2
	COMMITTEE	
	ate-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. (Complet information below.)	e the candidate
Name of Candidate	Timothy Day	
	,	~ TV
Candidate Party Affili	2 1 1 A 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	State District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	000000000000000000000000000000000000000
Name of Candidate		
Party Co	ommittee:	
(d)	(National, State (De This committee is a or subordinate) committee of the Rep	mocratic, publican, etc.) Party.
	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ted organization is a
	***************************************	abor Organization
		ooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		gated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fur	ndraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o 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 or committees/organizations, none of which is an authorized committee of a federal candidate.	r more political
Со	mmittees Participating in Joint Fundraiser	
1.		
2.	FEC ID number C	
3.	FEC ID number C	
4.	FEC ID number C	

FEC Form 1 (Revise	02/2009)			Page 3
Write or Type Committee Na	ne			
DAY for Pres	ident			
	Organization, Affiliated Committee	, Joint Fundraising Re	presentative,	or Leadership PAC Sponsor
			:	
	<u></u>			
				<u></u>
Mailing Address				
				<u> </u>
	CITY		STATE	ZIP CODE
Relationship: Connect	d Organization Affiliated Commit	tee Joint Fundraisin	ig Representat	ive Leadership PAC Sponso
	· · · · · · · · · · · · · · · · · · ·			
Full Name	othy: Day: :::			
Mailing Address	PO Box 3311	<u> </u>	<u>iii.</u>	
	<u> </u>			<u></u>
	Galveston 1	sland	TX	77552
Title or Position	CITY		STATE	ZIP CODE
Treasurer		Telephone nu	mber 20	02-674-8190
B. Treasurer: List the name a any designated agent (e.g.,	nd address (phone number optiona assistant treasurer).	al) of the treasurer of th	e committee;	and the name and address of
Full Name of Treasurer	othy Day		<u>illi.</u>	
Mailing Address	PO BOX 3311		بالسلسلسان	أسلسا سلسلسلسلسلس لسلس
			السلسلسلسل	أ السلسلسلسلسلسلسلسلسلسل
	Galveston: 1:	sland	STATE	7755.2 ZIP CODE
Title or Position		Telephone nu	mber 20	2-694-8190

FEC Form 1 (	(Revised 02/2009)		Page 4
Full Name of Designated Agent	Imothy Day		
Mailing Address	Po Boy 3311:		<u> </u>
	<u> </u>		•
	Galveston Island	STATE	77552 ZIP CODE
Title or Position	i <b>.C.iY</b> iiiiiii Teleph	one number 2	02-674-8190
safety deposit boxes of Name of Bank, Depos	sitory, etc.	·	
Ca	apital: ONE Bank:		
Mailing Address	170 Box 53 0188	1 1 1 1 1 1	
	المناحلة والمتاحلة والمتاح		الناللناللا
	Houston		17257
	CITY	STATE	ZIP CODE
Name of Pank Dans	sitory, etc.		
Name of Bank, Depos	•		
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	<u></u>		
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<u>L.</u>			

(3/2005)

## **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. Date of Receipt **Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS** Priority Mail Delivery Confirmation<sup>™</sup> or Signature Confirmation<sup>™</sup> Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** 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 or Postmarked Other (Specify): DATE PREPARED