PAGE 1 / 4 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) DR MARTY PEREZ CAMPAIGN FOR CONGRESS 27TH DISTRICT 5508 OCEAN DR ADDRESS (number and street) (Check if address is changed) CORPUS CHRISTI 78412 TX CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS drmartyperez@yahoo.com (Check if address is changed) Optional Second E-Mail Address manuelaperez3@yahoo.com COMMITTEE'S WEB PAGE ADDRESS (URL) DrPerezforCongress,com (Check if address is changed) DATE 01 2018 C00680942 FEC IDENTIFICATION NUMBER 3. X 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. Perez, Manuel, Antonio,, Type or Print Name of Treasurer Perez, Manuel, Antonio,, [Electronically Filed] 06 19 2018 Signature of Treasurer 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			For further information contact:
Use			Federal Election Commission
			Toll Free 800-424-9530
Only			Local 202-694-1100

FEC Fo	rm 1 (Revised 02/2009)	Page 2					
TYPE OF C							
	Committee:						
(a) x	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	Perez, Marty, M, Dr,,						
Candidate	Office REP Sought: House Senate President	State					
Party Affiliation	on REP Sought: X House Senate President	District 27					
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.						
Name of Candidate							
Party Con							
(d)		(Democratic, Republican, etc.) Party.					
Political A	ction Committee (PAC):						
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor-	nected 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 secommittee. (i.e., nonconnected committee)	egregated 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 Fund	raising 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.	vo or more political					
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political					
Com	mittees Participating in Joint Fundraiser						
1.	FEC ID number						
2.	FEC ID number						
3.	FEC ID number						
4.							

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FEC Form 1 (Revised	02/2009)	Page 3					
Write or Type Committee Nam	ne						
DR MARTY PE	REZ CAMPAIGN FOR CONGRESS 27TH	DISTRICT					
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	ip PAC Sponsor					
NONE							
Mailing Address							
Mailing Address							
	CITY STATE Z	ZIP CODE					
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representative Lead	dership PAC Sponsor					
books and records. Perez, M Full Name Mailing Address Title or Position	anuel, Antonio, , 5508 Ocean Dr Corpus Christi TX 78412	IP CODE					
Treasurer	Telephone number 361 - 6	3059					
Treasurer: List the name at any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	ne and address of					
Full Name Perez, Ma							
	5508 Ocean Dr						
Mailing Address							
	Corpus Christi	. _					
		IP CODE					
Title or Position Treasurer	361 6	88 3059					

Telephone number

FEC Form 1 (Re	evised 02/2009)		Page 4			
Full Name of Designated Agent	z, Marty, M., Dr.,					
Mailing Address	5508 Ocean Dr.					
	Corpus Christii	, ,TX , ,7	78412			
	CITY	STATE	ZIP CODE			
Title or Position Assistant Treasurer	Telephor	ne number 361	215 3285			
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.						
Wel	lls Fargo					
Mailing Address	420 Montgomery Street					
	San Francisco	CA 9	04104			
	CITY	STATE	ZIP CODE			
Name of Bank, Deposit	ory, etc.					
Mailing Address						