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2004 JAN -2 A 9 11

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. 12FE4MS

Erik Saenz For Congress

ADDRESS (number and street) 1719 Mustang Crossing

(Check if address is changed)

Blissford City TX 77459

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS info@eriksaenzforcongress.com

COMMITTEE'S WEB PAGE ADDRESS (URL) eriksaenzforcongress.com

COMMITTEE'S FAX NUMBER 713-795-1280

2. DATE 12 28 2003

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 Dan Rip

Signature of Treasurer [Signature] Date 12 30 2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 15 DAYS.

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.)

Name of Candidate E. R. U. S. S. a e n z

Candidate Party Affiliation	<u>D E M</u>	Office Sought	<input checked="" type="checkbox"/> House	<input type="checkbox"/> Senate	<input type="checkbox"/> President	State District	<input checked="" type="checkbox"/> X <u>2 2</u>
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- (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:

- | | | |
|--|--|---|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Corporation w/o Capital Stock | <input type="checkbox"/> Labor Organization |
| <input type="checkbox"/> Membership Organization | <input type="checkbox"/> Trade Association | <input type="checkbox"/> Cooperative |

Write or type Committee Name

Erik Saenz 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 Dan N. P.

Mailing Address 11205 Seal Lake Blvd

Suite B33

Houston TX 77072

Title or Position CITY STATE ZIP CODE

Bookkeeper Telephone number 281-568-8388

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 Dan N. P.

Mailing Address 11205 Seal Lake Blvd

Suite B33

Houston TX 77072

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 281-568-8388

Full Name of Designated Agent Dan N. P.

Mailing Address 11205 Seal Lake Blvd

Suite B33

Houston TX 77072

Title or Position CITY STATE ZIP CODE

Assistant Treasurer Telephone number 281-568-8388

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.

Chase Bank

Mailing Address

2430 Hwy 6

Sugarland TX 77478

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/>	Hand Delivered	Date of Receipt <i>1/2/04</i>
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<input type="checkbox"/>	Postmark Illegible	
<input type="checkbox"/>	Received from the House office of Records and Registration	Date of Receipt
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<input type="checkbox"/>	Other (Specify):	Postmarked and/or Date of Receipt
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