Use

Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 X COMMITTEE (in full) over the lines. is changed) Patrick Ockander. Defending Our Constitution and Restoring the Power to the People 10739 Tiger Grove ADDRESS (number and street) (Check if address is changed) San Antonio  $\mathsf{TX}$ 78251-4015 CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS ockanders@gmail.com (Check if address is changed) Optional Second E-Mail Address patrickockander@hotmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.patrickockander.com (Check if address is changed) DATE 2015 C00583070 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. Kathryn Ockander Type or Print Name of Treasurer Kathryn Ockander [Electronically Filed] 10 17 2015 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:

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

	EEC <b>E</b> o	mm 1 (Paying 03/2000)	Page 2
		OMMITTEE	Page <b>2</b>
		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. (Corinformation below.)	nplete the candidate
Nam Cand	e of didate	Mr. Patrick Anthony Ockander	
	didate y Affiliati	on CON Office Sought: House Senate X President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	(5)
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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 s committee. (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.)	
Join	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC <b>Form 1</b> (Revised 02/2009)	Page <b>3</b>
Write or Type Committee Name	r age o
Patrick Ockander. Defending Our Constitution and Restoring the Power to	the People
	<u> </u>
	PAC Sporisor
NONE	
Mailing Address	
	-
CITY STATE ZIP	CODE
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leader	ship PAC Sponsor
. <b>Custodian of Records:</b> Identify by name, address (phone number optional) and position of the person in possess books and records.	sion of committee
Kathryn Ockander	ı
Full Name10739 Tiger Grove	
Mailing Address	
San Antonio , TX , 78251	
San Antonio TX 78251	
Title or Position CITY STATE ZIP	CODE
3. <b>Treasurer:</b> List the name and address (phone number optional) of the treasurer of the committee; and the name any designated agent (e.g., assistant treasurer).	and address of
Full Name Kathryn Ockander	1
of Treasurer	
Mailing Address 10739 Tiger Grove	
San Antonio TX 78251	
CITY STATE ZIP Title or Position	CODE
Telephone number 210 - 461	

	m 1 (Revised 02/2009)	Page <b>4</b>
Full Name of	Isaac Tellez	
Designated Agent		
Mailing Address	10738 Tiger Grove	
		1
	San Antonio	51
	CITY STATE	ZIP CODE
Title or Position	5	2 3322
	Telephone number 210 -	- 535 - 4496
Name of Bank, I		
	Depository, etc.  Texas Bank and Trust  ,300 East Whaley,	
Name of Bank, I	Depository, etc.  Texas Bank and Trust  ,300 East Whaley,	
Name of Bank, I	Depository, etc.  Texas Bank and Trust  ,300 East Whaley,	01
Name of Bank, I	Depository, etc.  Texas Bank and Trust  300 East Whaley,	01
Name of Bank, I	Depository, etc.  Texas Bank and Trust  300 East Whaley,  Longview  TX  7560	
Name of Bank, I	Depository, etc.  Texas Bank and Trust  300 East Whaley,  Longview  TX 7560  CITY STATE  Depository, etc.	
Name of Bank, I	Depository, etc.  Texas Bank and Trust  300 East Whaley,  Longview  TX 7560  CITY STATE	
Name of Bank, I	Depository, etc.  Texas Bank and Trust  300 East Whaley,  Longview  TX 7560  CITY STATE	
Name of Bank, I	Depository, etc.  Texas Bank and Trust  300 East Whaley,  Longview  TX 7560  CITY STATE	