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FEC		S	TATEN	IENT	OF			
FORM 1		0	RGAN	IZATIO	ON			
							Office Use On	ly
1. NAME OF	<		Check if nam		mple: If typing, type	12FE4M5		-
COMMITTEE (in			s changed)	ove	r the lines.			
Wakely2020		mmitte	e 					
ADDRESS (number ar	nd street)	16406 Le	edge Point Stre	et				1
(Check if a	ddress							
is changed)	, San Ant	onio				78232	
						STATE		_ – L P CODE ▲
		C				STATE	211	
COMMITTEE'S E-MA	IL ADDR		_					
(Check if a is changed		tomwa	kely@satx.i	rr.com				
Ű	,	Optional	Second E-Ma	ail Address				
COMMITTEE'S WEB	PAGE A	DDRESS (U	RL)					
(Check if a		www.wal	kely2020.greer	ו י י י י				1
is changed)							
2. DATE 06		12 / Y	y y y 2020					
3. FEC IDENTIFIC	ATION N	NUMBER 🌗	•	C0074845	59			
					_			
4. IS THIS STATEM	IENT	× NEW	(N) O	R	AMENDED (A)			
L certify that I have a	vamined	this Stateme	and to the	best of my	knowledge and belief i	it is true correct a	and complete	
r certify that I have e	Xamineu	uno otaterne		, best of my	and belief i			
Type or Print Name of	of Treasu	er Gomez	de Wakely, No	orma, , Ms.,				
						M = M	/ D D	/ Y Y Y Y
Signature of Treasure	r <i>Gor</i>	nez de Wakely,	Norma, , Ms.,		[Electronically Filed]	Date 06	12	2020
NOTE: Submission of f	alse, erro	neous, or inc	omplete inform	nation may sub	pject the person signing	this Statement to t	he penalties o	of 2 U.S.C. §437a.
	,			-	DULD BE REPORTED \			5 - 5.
Office Use					For further information Federal Election Commiss Toll Free 800-424-9530		FEC F (Revised	ORM 1 06/2012)

Local 202-694-1100

Only

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	FEC	C Form 1 (Revised 02/2009) Page 2	
		DF COMMITTEE	
(date 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.)	e
	Name of Candidat		
	Candidat Party Aff	filiation GRE Sought: X House Senate President	TX 21
(0	c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidat		
F	Party (Committee:	
(d)	This committee is a (National, State or subordinate) committee of the Republican, etc.) F	Party.
F	Politica	al Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	n is a:
		Corporation Corporation w/o Capital Stock Labor Organization	on
		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 segregated fund or p committee. (i.e., nonconnected committee)	oarty
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
J	oint F	undraising Representative:	
(g	a)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.	
	C	Committees Participating in Joint Fundraiser	
	1	1. FEC ID number	
	2	2 FEC ID number C	
	3	3 FEC ID number C	
	4	4 FEC ID number	

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Write or Type Committee Name

Wakely2020 Committee

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

N																																			
	Mailing Address																																		
																																. [
										CI	ΓY											S	TAT	E					Z	IP	СО	DE			
	Relationship:	Connected	d Or	gani	izatio	on		Affi	liat	ed (Cor	nr	itte	е		Jo	int I	⁻ ur	ndra	aisir	ng I	Rep	ores	sen	tati	ve		Le	∋ad	ers	hip	PA	C S	por	nsor
7.	Custodian of Rebooks and record		ntify	by ı	nam	e, a	addr	ess	5 (p	hor	ne	nur	nbe	er -	- 0	ptio	nal)) ai	nd	pos	sitic	on d	of t	he	pei	rs0I	n in	ı po)556	ess	ion	of	con	nmit	tee
		Gomez de	Wa	kely	, No	rma	a, , N	/ls.,																											
	Full Name																																		

Full Name	
	16406 Ledge Point Street
Mailing Address	
	San Antonio TX 78232 - - -
Title or Position	CITY STATE ZIP CODE
	Telephone number

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	Gomez de Wakely, Norma, , Ms.,
of Treasurer	
Mailing Address	16406 Ledge Point Street
	San Antonio TX 78232 - -
	CITY STATE ZIP CODE
Title or Position	210 284 5399 Telephone number 1 1

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Full Name of Designated Agent				 																			
Mailing Address																							
]-[
					CI	TΥ								STA	ΤE				ZIF	Р С	OD	E	
Title or Position																							
									Tele	eph	one	e ni	umt	ber] – [

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 Ban	k, Depository, e	etc.
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Frost E	3ank		
Mailing Address	21011 US Hwy 281 North		
	San Antonio		78258
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE