

RECEIVED

2012 NOV 20 AM 8:46

FEC MAIL CENTER

Committee Name:

TURN TEXAS BLUE PAC

If registered, FEC ID:

Today's Date:

11/12/2012

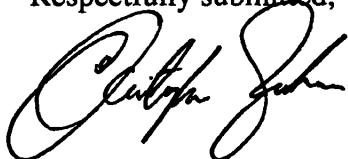
Federal Election Commission  
999 E Street, N.W.  
Washington, D.C. 20463

Re: Form 1, Statement of Organization—Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,



Treasurer's Name:

CHRISTOPHER JACKSON, Treasurer

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12030953750

FEC  
FORM 1

# STATEMENT OF ORGANIZATION

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1. NAME OF COMMITTEE (in full)	<input checked="" type="checkbox"/>	(Check if name is changed)	Example: If typing, type over the lines.	<input type="checkbox"/> 12FE4M5 FEC MAIL CENTER
TURN TEXAS BLUE PAC				
ADDRESS (number and street)				
<input checked="" type="checkbox"/>	(Check if address is changed)	1130 3RD AVE APT 1009		
OAKLAND			CA	94606- <input type="checkbox"/>
CITY ▲			STATE ▲	ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRESS				
<input checked="" type="checkbox"/>	(Check if address is changed)	CHRISTOPHER.JACKSON84@GMAIL.COM		
Optional Second E-Mail Address				
COMMITTEE'S WEB PAGE ADDRESS (URL)				
<input checked="" type="checkbox"/>	(Check if address is changed)	TURNTEXASBLUEPAC.ORG		
2. DATE	11/12/2012			
3. FEC IDENTIFICATION NUMBER	<input type="checkbox"/> C			
4. IS THIS STATEMENT	<input checked="" type="checkbox"/>	NEW (N)	OR	<input type="checkbox"/>
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	Chris Jackson			
Signature of Treasurer				
Date	11/12/2012			
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 Use Only				
For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100				FEC FORM 1 (Revised 06/2012)

## 5. TYPE OF COMMITTEE

**Candidate 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. (Complete the candidate information below.)

**Name of Candidate**

## **Candidate Party Affiliation**

**Office Sought:**  House  Senate  President **State:**  **District:**

(c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

**Name of Candidate**

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

## **Party Committee:**

(d)  This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

### **Political Action Committee (PAC):**

(e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

(g)  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.

### Committees Participating in Joint Fundraiser

1.	<input style="width: 150px; height: 1.2em; border: 1px solid black; border-radius: 2px; padding: 2px; margin-bottom: 5px;" type="text"/>	FEC ID number	<input style="width: 15px; height: 1.2em; border: 1px solid black; border-radius: 2px; padding: 2px; margin-bottom: 5px;" type="text"/>
2.	<input style="width: 150px; height: 1.2em; border: 1px solid black; border-radius: 2px; padding: 2px; margin-bottom: 5px;" type="text"/>	FEC ID number	<input style="width: 15px; height: 1.2em; border: 1px solid black; border-radius: 2px; padding: 2px; margin-bottom: 5px;" type="text"/>
3.	<input style="width: 150px; height: 1.2em; border: 1px solid black; border-radius: 2px; padding: 2px; margin-bottom: 5px;" type="text"/>	FEC ID number	<input style="width: 15px; height: 1.2em; border: 1px solid black; border-radius: 2px; padding: 2px; margin-bottom: 5px;" type="text"/>
4.	<input style="width: 150px; height: 1.2em; border: 1px solid black; border-radius: 2px; padding: 2px; margin-bottom: 5px;" type="text"/>	FEC ID number	<input style="width: 15px; height: 1.2em; border: 1px solid black; border-radius: 2px; padding: 2px; margin-bottom: 5px;" type="text"/>

Write or Type Committee Name

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

Mailing Address

 CITY       STATE       ZIP CODERelationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

## 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 Mailing Address  CITY       STATE       ZIP CODETitle 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 of Treasurer CHRISTOPHER JACKSON Mailing Address 1130 3RD AVE APT 1009  CITY       STATE       ZIP CODETitle or Position TREASURER  Telephone number 281-910-2459

Full Name of  
Designated  
Agent

LEILA AYACHI

Mailing Address

2907 PINE FOREST CIRCLE

LA MARQUE

CITY

TX

77568-

STATE

ZIP CODE

Title or Position

ASSISTANT TREASURER

Telephone number

512-503-8022

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.

WELLS FARGO BANK

Mailing Address

1 MONTGOMERY ST.

SAN FRANCISCO

CA

94104-

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 FEC added this page to the end of this filing to indicate how it was received.

	Date of Receipt
<input type="checkbox"/> Hand Delivered	
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked <i>11/13/11</i>
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>JM W</i>	<i>11/20/11</i>
PREPARER (3/2005)	DATE PREPARED

12030853755