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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Elect Blake Farenthold Committee PO Box 3369 ADDRESS (number and street) (Check if address is changed) Corpus Christi 78463-3369 TX CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS blake@blake.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) http://blake.com (Check if address is changed) DATE 2014 C00473736 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Ward McCampbell Type or Print Name of Treasurer Ward McCampbell [Electronically Filed] 2014 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: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

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FEC F	orm 1 (Revised 02/2009)	Page 2
	COMMITTEE te 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. (Cor information below.)	nplete the candidate
Name of Candidate	Randolph Blake Farenthold	
Candidate	Office	State
Party Affilia	DED ' ' ' \ \	27
_		District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co	mmittee:	
(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 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.)	
1-1-1-5	destate a Bernarda the	
_	draising 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
Co	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.		
3.		
4.		

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Write or Type Committee Nam	ne	
Elect Blake Fa	renthold Committee	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadershi	p PAC Sponsor
Blakes Victory Fund	JFC	<u> </u>
Mailing Address	PO Box 3369	
J		
	Corpus Christi TX 78463-3369	9
	CITY STATE Z	IP CODE
Relationship: Connecte	ed Organization Affiliated Committee X Joint Fundraising Representative Lead	ership PAC Sponsor
. Custodian of Records: Ide	entify by name, address (phone number optional) and position of the person in posse	ession of committee
	Trigger & A ssociates, PC	
Full Name		
Mailing Address	800 N Shoreline Boulevard	
	Suite 1200 S	
	Corpus Christi TX 78401-376	9
Title or Position	CITY STATE Z	P CODE
Custodian of Records		88 5151
Treasurer: List the name an any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	e and address of
Full Name Ward Mco	Campbell	
Mailing Address	711 N Carancahua Street	
	Suite 1730	
	Corpus Christi	6 - [
Title or Position	CITY STATE ZI	P CODE
Treasurer	Tolophono number 361 88	2 4664

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Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit boxes Name of Bank, Depo	ository, etc.	
safety deposit boxes Name of Bank, Depo	s or maintains funds.	
safety deposit boxes Name of Bank, Depo	ository, etc. American Bank PO Box 6469	
safety deposit boxes Name of Bank, Depo	ository, etc. American Bank	78466-6469
safety deposit boxes Name of Bank, Depo	ository, etc. American Bank PO Box 6469	78466-6469 ZIP CODE
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FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 5 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Brighter Futures PAC (BFP) (A Leadership PAC) PO Box 3369 Mailing Address Corpus Christi 78463-3369 TX **CITY** STATE 4 ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number