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2009 NOV -3 AM 9: 25

FEC FORM 1		STATE	-			Office Use Only	
NAME OF COMMITTEE (in	n full)	(Check if is changed		Example:If typing, type over the lines.	12FE4M5		
Campaig	in fo	r ¡Qajuji	d Sim	ith			
ــــــــــــــــــــــــــــــــــــــ							
ADDRESS (number a	nd street)	111516	elay	a Lane			
(Check if address is changed)							
		Hiolusitio	<u>^</u>	<u> </u>	ן געדו נ	7.7.09.0]-	
			CIT	Υ	STATE	ZIP CODE	
COMMITTEE'S E-MA	AIL ADDRESS	(Please provide o	nly one e-ma	uil-address)			
(Check if	address	OSMith	GDISIM	ith FOITICE	ing:rieisis	Com	
is change		<u> </u>	· 	المالم	<u> </u>		
COMMITTEE'S WEE	PAGE ADDR	ESS (URL)	ner e.	to esta produce a second	. 2		
(Check if is change	address	www.ds	mith	fior Congr	: £ 5 5 . C 0	<u>M </u>	
2. DATE	0 10	2009	1				
3. FEC IDENTIFIC	CATION NUM	IBER	C				
4. IS THIS STATE	MENT N	NEW (N)	OR	AMENDED (A)		
I certify that I have o	examined this	Statement and to	the best of	my knowledge and beli	ef it is true, correct	and complete.	
Type or Print Name	of Treasurer	Yeuger	riya	smith			
Type or Print Name Signature of Treasure	er <i>G</i> e	rgeni	ya f	mita	Date L_C	2.9 20.09	
NOTE: Submission of		•		y subject the person signi SHOULD BE REPORTE	_	the penalties of 2 U.S.C. §437g.	
Office Use				For further information Federal Election Communication Free 800-424-953	nission .	FEC FORM 1 (Revised 02/2009)	

, F	FEC Fo	rm 1 (Revised 02/2009)	Page 2							
TYPE OF COMMITTEE										
Can	didate	e 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.)								
Name Cand	-	David wayne Smith	1 1 1 1 1 1							
Cand Party	lidate Affiliati	on LIB Office Sought: X House Senate President	State TX							
C) This committee supports/opposes only one candidate, and is NOT an authorized committee.										
Name Cand										
Part	y Con	nmittee:								
(d)			nocratic, ublican, etc.) Party.							
Poli	tical A	action Committee (PAC):								
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connec	ted organization is a:							
` .	Manueli		bor Organization							
		Part of the state	poperative							
		In addition, this committee is a Lobbyist/Registrant PAC.								
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segrecommittee. (i.e., nonconnected committee)	gated fund or party							
	Α .1									
		In addition, this committee is a Lobbyist/Registrant PAC. In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)								
		And in decision, the committee of a condition private (definity operation and co.)	· · · · · · · · · · · · · · · · · · ·							
Join	t Fund	draising Representative:								
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political							
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political							
	Com	mittees Participating in Joint Fundraiser								
	1.	FEC ID number C	kerder 2011 and							
	2.	FEC ID number								
	3.	FEC ID number C	No Co Company - Co							
	4.	FEC ID number								

FEC Form 1 (Revi	sed 02/2009)	Page 3				
Write or Type Committee Name						
6. Name of Any Connect	ted Organization, Affiliated Committee, Joint Fundraising Representative	ve, or Leadership PAC Sponsor				
Mone						
Mailing Address						
		<u> </u>				
	CITY STATE	ZIP CODE				
Relationship: Conn	ected Organization Affiliated Committee	ntative Leadership PAC Sponso				
books and records.	: Identify by name, address (phone number optional) and position of the	·				
Full Name	wicid Smith					
Mailing Address	11115 BelAYA Lane					
	Ithows: hoin: ITIX	7.7.0.9.0 -				
Title or Position	CITY STATE	ZIP CODE				
Canidate	Telephone number	8,3,2 - 3,2,9 - 5,3,1,3				
Treasurer: List the nam any designated agent (expression)	e and address (phone number optional) of the treasurer of the committee.g., assistant treasurer).	ee; and the name and address of				
Full Name of Treasurer	ugieini yin smith					
Mailing Address	111115 Belaya Lane					
	CITY STATE	7,7,0,90				
Title or Position		ZIP CODE				
Ti rieiaisiuirie	Telephone number					

CITY

STATE

ZIP CODE

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Mailing Address

FEC Form 1 (Revised 02/2009)

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No Postmark				
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Received from Senate Public Records Office	Date of Receipt			
Received from Electronic Filing Office	Date of Receipt			
Other (Specify):	of Receipt or Postmarked			
W	11/3/09			
PREPARER (3/2005)	DATE PREPARED			
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