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FEC
FORM 1

STATEMENT OF
ORGANIZATION

1. NAME OF COMMITTEE (in full) (Check if name is changed) Examples: if typed, type over the lines. 12FE4M5

Caguas Fan Congress

ADDRESS (number and street) 1625 E. Prince Rd

(Check if address is changed)

Brooksville FL 34601

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

cag140@aol.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

956-831-7749

2. DATE 01/14/2004

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

I certify that I have explained this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Patricia Holden

Signature of Treasurer *Patricia Holden* Date 01/14/2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5497g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 15 DAYS.

5. TYPE OF COMMITTEE (Check One)

- (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 Jesus Antonia Caguinas

Candidate Party Affiliation Rep Office Sought House Senate President State TX District 27

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

Name of Candidate _____

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

- (e) This committee is a separate segregated fund.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address _____

 CITY STATE ZIP CODE

Relationship _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

Caguias for Congress

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 Patricia Holden

Mailing Address

16095 Old Alice Rd.

Brownsville, TX 78521

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 956-359-3152

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 Patricia Holden

Mailing Address

16095 Old Alice Rd.

Brownsville, TX 78521

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 956-359-3152

Full Name of Designated Agent Rose Abumala

Mailing Address

53 Alan A. Tate Drive

Brownsville, TX 78521-3573

Title or Position CITY STATE ZIP CODE

Campaign Manager Telephone number 956-504-2423

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or insurances funds.

Name of Bank, Depository, etc.

Texas State Bank

Mailing Address

2000 F.M. 502

Wrensville TX 78521

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

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