

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Ruben O. Villarreal for U.S. Congress

ADDRESS (number and street) 3413 Sandie Ln.

(Check if address is changed)

Edinburg

CITY

TX

STATE

78542

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

RubenV4U@gmail.com

Optional Second E-Mail Address

Sagredo, Sarah@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.rubenovillarreal.com

2. DATE 06 / 01 / 2015

3. FEC IDENTIFICATION NUMBER

C C00579029

4. IS THIS STATEMENT NEW (N) OR 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 Sarah Sagredo-Hammond

Signature of Treasurer Sarah Sagredo-Hammond

[Electronically Filed]

Date

06

07

2015

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)

Write or Type Committee Name

Ruben O. Villarreal for U.S. Congress

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

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: 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 Sarah Sagredo-Hammond

Mailing Address 705 S Alton Blvd

Alton TX 78573

CITY STATE ZIP CODE

Title or Position

Treasurer Telephone number 956 - 862 - 9628

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 Sarah Sagredo-Hammond

Mailing Address 705 S Alton Blvd

Alton TX 78573

CITY STATE ZIP CODE

Title or Position Treasurer Telephone number 956 - 862 - 9628

Full Name of Designated Agent: Giselle Mascarenhas-Villarreal

Mailing Address: 3413 Sandie Ln
Edinburg TX 78542

Title or Position: Campaign Coordinator
Telephone number: 956-393-1692

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.

Lone Star National Bank

Mailing Address: P.O. Box 1127
Pharr TX 78577

Name of Bank, Depository, etc.

Mailing Address:

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

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.

[ADDITIONAL]

Mailing Address

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

[ADDITIONAL]

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

Mailing Address

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

[ADDITIONAL]

Designated Agent

Full Name

Mariana Aguayo _____

Mailing Address

2203 N 23rd St _____

McAllen TX 78501 - _____

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Campaign Committee _____

Telephone number 956 - 534 - 3635

[ADDITIONAL]

Joint Fundraiser Participant

FEC ID number

C _____

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

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.

[ADDITIONAL]

Mailing Address

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

[ADDITIONAL]

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

Mailing Address

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

[ADDITIONAL]

Designated Agent

Full Name

April Lopez _____

Mailing Address

3705 N Ware Rd _____

McAllen TX 78501 - _____

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Campaign Manager _____

Telephone number 956 - 212 - 9163

[ADDITIONAL]

Joint Fundraiser Participant

FEC ID number

C []