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FEC FORM 1

STATEMENT OF ORGANIZATION

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2011 SEP 12 AM 8: 28

FEC MALL CENTER

NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5								
Goinizalez For	Congress	ommittee	11111								
ADDRESS (number and street) [18333 Egret Bay Blvd, Suite 270]											
(Check if address											
is changed)	[Houston]		TX L	77058-							
		CITY	STATE	ZIP CODE							
COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)											
(Check if address	L.Gonzo 81	@ werizon.n	et								
is changed)											
COMMITTEE'S WEB PAGE ADDRESS (URL)											
(Check if address is changed) Www. Gonzalezfor Congress 14 c Com											
2. DATE OG OS SONN 3. FEC IDENTIFICATION NUMBER C 4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)											
I certify that I have examined th		•	-	nd complete.							
Type or Print Name of Treasurer Lisa P. Gonzalez, CPA											
Signature of Treasurer	Lisa P. Lon	jak, CPA	Date 09	′03′2011							
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 Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)							

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TYPE OF C	OMMITTEE • 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 of Candidate	Robert Gonzalez								
Candidate Party Affiliati	on REP Office X House Senate President	State TX District 14							
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	·							
Name of Candidate	' '								
Party Con									
(d)	(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.							
Political A	ction Committee (PAC):								
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	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 segregated fund or party committee. (i.e., nonconnected committee)								
	In addition, this committee is a Lebbyist/Registrant PAC.								
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)								
Joint Fund	iralsing 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.	wo or more political							
(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							
Com	nmittees Participating in Joint Fundraiser								
1.	FEC ID number C								
2.									
3.									
4.									
-71									

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	Write or Type Committee Name					
	Gonzalez	For C	ongress	Comm	ittee	
6.	Name of Any Connected (J	Fundraising Repre	sentative, or Leade	rship PAC Sponsor
L	MONE		111111			
L						
	Mailing Address					
					ليا ليا	
			CITY		STATE	ZIP CODE
	Relationship: Connected	d Organization	Affiliated Committee	Joint Fundraising F	lepresentative (_eadership PAC Sponsor
7.	Custodian of Records: Ider books and records.	ntify by name, add	iress (phone number – d	optional) and position	n of the person in p	possession of committee
	1:00	a P C		ΛΩΔ		•
	Full Name		onzalez,)\l	7 270
	Mailing Address	14206	3 Egnet	Day E	SINOL. S	untria 10
			<u> </u>		<u> </u>	2050
		Uttous	ton			0521-
	Title or Position		CITY		STATE	ZIP CODE
	Campaign Tr	easurer	لسسا	Telephone numb	er [38]-[335-14974
8.	Treasurer: List the name an any designated agent (e.g.,			he treasurer of the o	committee; and the	name and address of
	Full Name of Treasurer	2 P. Go	onzalez,			
	Mailing Address	118333	Egret B	ay Bly	dy suit	e 270
		سسسا				لتتبييا
		Houst	20		IX 177	0581-[
	Title or Position	_	CITY	\$	STATE	ZIP CODE
ı	Campaign 1	reasure		Telephone numb	er <i>281</i> 1-1	3351-4974

CITY

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ZIP CODE

STATE

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Full Name of

Mailing Address

PREPARER

(3/2005)

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DATE PREPARED