

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

ANN MARIE TORRES FOR CONGRESS

ADDRESS (number and street)

PO BOX 6012

(Check if address is changed)

Kingsville

CITY ▲

TX

STATE ▲

78364

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

electanmarietorres@yahoo.com

Optional Second E-Mail Address

electanmarietorres@yahoo.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

MM / DD / YYYY
09 / 23 / 2023

3. FEC IDENTIFICATION NUMBER ▶

C C00851444

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 RAMIREZ, BRIGETTE, NICOLE, ,

Signature of Treasurer RAMIREZ, BRIGETTE, NICOLE, ,

Date

MM / DD / YYYY
10 / 17 / 2023

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only				
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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

5. TYPE OF COMMITTEE:

Candidate Committee:

- (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 Torres, Ann Marie, , ,

Candidate Party Affiliation REP House Senate President
 Office Sought: House Senate President
 State TX District 34

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

Name of Candidate _____

Party Committee:

- (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 connected 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 Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

- (g) This committee is an independent expenditure-only political committee (Super PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

- (h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

Joint Fundraising Representative:

- (i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____
2. _____

Write or Type Committee Name

ANN MARIE TORRES FOR 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 Organization 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 RAMIREZ, BRIGETTE, NICOLE, ,

Mailing Address 434 W SAGE ROAD

KINGSVILLE

TX

78363

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

CAMPAIGN TREASURER

Telephone number 361 - 455 - 2030

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 RAMIREZ, BRIGETTE, NICOLE, ,

Mailing Address 434 W SAGE ROAD

KINGSVILLE

TX

78363

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

CAMPAIGN TREASURER

Telephone number 361 - 455 - 2030

Full Name of Designated Agent

COOK, JUSTIN, DOUGLAS, ,

Mailing Address

4513 CONGRESSIONAL DRIVE

CORPUS CHRISTI

TX

78413

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

ASSISTANT TREASURER

Telephone number

361

537

1536

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.

Wells Fargo

Mailing Address

601 South 14th Street

Kingsville

TX

78363

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲