			RECEIVED
<b>F</b> 1			2011 APR 11 AM 8: 12 FEC MAIL CENTER
FEC FORM 1	STATEMENT OF ORGANIZATION		
			Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name Example: If typing, type is changed) over the lines.	12FE4M5	the second se
JEFFREY BAR	EA EXPLORATORY COMMIT	ſĘĘ	
ADDRESS (number and street)	2320 W PRAIRIE ST #209		
(Check if address is changed)		TX	76201
	CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRI	ESS (Please provide only one e-mail address)		
(Check if address	EC@JEFFBAREA4PREZ.C	OM	
is changed)			
COMMITTEE'S WEB PAGE AD			
(Check if address		HPREZ.C	
is changed)			
	······································		
2. DATE <b>U4</b> Z			
3. FEC IDENTIFICATION N			
4. IS THIS STATEMENT			
I certify that I have examined	this Statement and to the best of my knowledge and believe	f it is true, correct	and complete.
Type or Print Name of Treasur	JEFFREY S. BAREA		
Signature of Treasurer	Jeffy & Boren	Date 04	02 2011

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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. .

1	Office Use Only	·				For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 02/2009)
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	F	EC For	m 1 (Revised 02/2009) Page 2		
5.	TYPE	OFC	DMMITTEE		
	Can	didate	Committee:		
	(a)	$\mathbf{X}$	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 Candi		JEFFREY BAREA		
	Candi Party	iciata Affiliatio	on Office State State District		
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.		
	Name Candi	÷.			
	Part	v Com	mittee:		
	(d)		This committee is a       (National, State or subordinate) committee of the       (Democratic, Republican, etc.) Party.		
	Polit	ical Aı	ction 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 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.)		
	Joint Fundraising Representative:				
	(g)	Ц	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.		
I	(h)		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.			
		3.			
		4.			

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FEC Form 1 (Revise	d 02/2009)	Page 3
Write or Type Committee Na		-
JEFFREY BAF	REA EXPLORATORY COMMITTEE	
6. Name of Any Conflected	d Organization, Affiliated Committee, Joint Fundraising Represent	ntative, or Leadership PAC Sponsor
Mailing Address		
	· CITY S	TATE ZIP CODE
Relationship: Conner	ted Organization	presentative Leadership PAC Sponsor
books and records.	dentify by name, address (phone number optional) and position o	of the person in possession of committee
Full Name	FREY S. BAREA	
Mailing Address	12320,W PRAIRIE ST #209	
Title or Position	CITY ST	ATE ZIP CODE
LCUSTODIAN C	DF RECORDS Telephone number	<b> 940                                    </b>
8. <b>Treasurer:</b> List the name any designated agent (e.c	and address (phone number optional) of the treasurer of the cor ., assistant treasurer).	mmittee; and the name and address of
Full Name JEF	FREY S. BAREA	
	12320 W PRAIRIE ST #209	
Mailing Address		·
		TX 76201
Title or Position	CITY ST/	ATE ZIP CODE
L	<i>,</i>	

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FEC Form 1 (Re	wised 02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address	2320 W PRAIRIES	T 209	
	CITY	STATE	
Title or Position	FD AGENT	phone number 9,40	- 368-8865
<ol> <li>Banks or Other Deposition</li> <li>safety deposition boxes or Name of Bank, Deposition</li> </ol>		he committee deposits funds	s, holds accounts, rents
Mailing Address			
	CITY	STATE	ZIP CODE
Name of Bank, Depos	itory, etc.		
			<u>, , , , , , , , , , , , , , , , , , , </u>
Mailing Address			
	CITY	STATE	ZIP CODE

## Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how if was received.

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Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busines	ss Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Date of R Other (Specify):	leceipt or Postmarked
CM	4/11/11
PREPARER	DATE PREPARED
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