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FEC FORM 1

STATEMENT OF ORGANIZATION

FUNIVI I					Office Use Only	
1. NAME OF COMMITTEE (in fu		ck if name anged)	Example: If typing, type over the lines.	12FE4M5		
COMMITTE	E TO E4	ECT, 10,8	INLIEL GARZ	A FOR	(OIN GRESS)	
<u> </u>	<u> </u>					
ADDRESS (number and	street)	1R1101 15	BALSAS			
(Check if address is changed)	theck if address changed) [M.(.S.S.I.O.N					
		CI	тү	STATE	ZIP CODE	
COMMITTEE'S E-MAIL	ADDRESS (Please pro	vide only one e-m	ail address)			
√ (Check if add	GARZ	19.A.RZ1A.4.CD.N.6.R.C.S.S.C.GM.A.1.LCO.M.				
is changed)						
COMMITTEE'S WEB PA	AGE ADDRESS (URL)				·	
	16,A,R,Z,	A.FORLO	N.6.R.E.S.S (10	P. M	1	
(Check if add is changed)	Iress	·			1	
2. DATE 03	O ČŽO	Ĭ, Ŏ.				
3. FEC IDENTIFICAT	TON NUMBER	C 0 0	471318			
4. IS THIS STATEME	NT NEW (N)	OR	AMENDED (A)			
I certify that I have exa	mined this Statement a	and to the best o	f my knowledge and belief i	t is true, correct	and complete.	
Type or Print Name of 1	Treasurer VV	ANA OZ	eun A			
Signature of Treasurer	Viviana (Druna		Date 0	3 01 2010	
NOTE: Submission of fals	_		ay subject the person signing I SHOULD BE REPORTED V		the penalties of 2 U.S.C. §437g.	
Office Use Only			For further information of Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)	

12010	(Neviseu V22009)	rage Z
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. (Cor information below.)	nplete the candidate
Name of Candidate	DANGEL GARZA	
Candidate Party Affiliati	on REP Office Sought: K House Senate President	State TX District 1.5
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Con	nmittee: (National, State	(Democratic,
(d)	This committee is a or subordinate) committee of the	Republican, etc.) Party.
Political A	ction Committee (PAC):	
(e) ·	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:
	Corporation Wo 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 s committee. (i.e., nonconnected committee)	egregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fund	iraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for a committees/organizations, at least one of which is an authorized committee of a federal candidate	
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, none of which is an authorized committee of a federal candidate.	
Com	mittees Participating in Joint Fundraiser	
1.	FEC ID number C	
2.	FEC ID number C	en e
3.	FEC ID number C	-
4.	FEC ID number C	

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Write or Type Committee Nam	8	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundralsing Representative, or Leade	ership PAC Sponsor
Mailing Address		
		لــــا-لــــا
	CITY STATE	ZIP CODE
Relationship: Connecte	d Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
7. Custodian of Records: Ide books and records.	entify by name, address (phone number - optional) and position of the person in	possession of committee
Full Name N.O.E.	6141R1611	
Mailing Address	18,15 CONNECTICUIT AVENUE, NW	
	Suite 800	
	W.A.S.H.1.N.6.T.O.N. 20	<u>1010161-[</u>
Title or Position	CITY STATE	ZIP CODE
CAMPAILGN	MANAGER Telephone number ROZ-	15341-1/le142
8. Treasurer: List the name as any designated agent (e.g.,	nd address (phone number - optional) of the treasurer of the committee; and the assistant treasurer).	name and address of
Full Name of Treasurer	1.4.N.A. 10.2.U.N.A	
Mailing Address	P. O. B. O. X. (6)	
	Mercedes TX 78	5701-1 1
	CITY STATE	ZIP CODE

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Full Name of Designated Agent			
Mailing Address			
	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	111111	11111111
	CITY	STATE	ZIP CODE
Title or Position			
	Telepi	none number	
<u></u>			
safety deposit boxes or Name of Bank, Deposito	ory, etc.		unds, holds accounts, rents
$\mathcal{D}_{i}\mathcal{V}_{i}$	Morban, chase Bank.	MALLLL	
Mailing Address	14.01.1. IS.A.N. P.E.D.R.O.		
		<u> </u>	<u> </u>
	SAM ANTOMIO		782121-
	СПУ	STATE	ZIP CODE
Name of Bank, Deposito	ory, etc.	·	
Name of Bank, Deposits	ory, etc.	<u> </u>	
Name of Bank, Deposite	ory, etc.		
Name of Bank, Deposito	ory, etc.		
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Other (Specify):	Date of Receipt or Postmarked			
ANN	3/2/10			
PREPARER	DATE PREPARED			

(3/2005)