Image# 12971190084 PAGE 1 / 4

FEC FORM 1			TATEM RGAN		_						(Office	Use Or	nly			
1. NAME OF COMMITTEE (in	n full)	,	Check if name changed)		Example over the		ng, ty	ре	12	FE41	_			,			
Friends of	Liberty	for c	lessica														
ADDRESS (number a	nd street)	12500 U	valde Creek D	rive													
(Check if address																	
is changed)		Austin						Ш	TX		78	3732					
				CITY	Y				STAT	Έ			ZIP	COD	ÞΕ		
COMMITTEE'S E-MA	AL ADDRES	S (Please	provide only o	one e-mai	il addres	s)											
(0) 1 "		gdoan@	att.net														
X (Check if is change																	
COMMITTEE'S WEB (Check if is changed	address		RL) ansforjessica.	com													
2. DATE 04	1 19	/ Y	2012														
3. FEC IDENTIFIC	CATION NUI	MBER	C	C0047	73710												
4. IS THIS STATE!	MENT X	NEW	(N) O	R		AMEN	IDED	(A)									
I certify that I have e	examined this	Stateme	nt and to the	best of I	my knov	vledge	and b	elief it	is true	e, corr	ect ar	nd coi	mplete	е.			
Type or Print Name	of Treasurer	Gary E I	Doan														
Signature of Treasure	Gary E L	Ooan			[El	ectronic	ally Fi	iled]	Date	М	04	/ D	20	/	20)12	Υ
NOTE: Submission of			omplete inform									e pen	alties	of 2 l	J.S.C.	§437	g.
Office					For	further	inform	ation c	ontact:			FF	C F	OP.	M 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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FEC F	form 1 (Revised 02/2009)	Page 2
	COMMITTEE	
	te 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. (Cominformation below.)	plete the candidate
Name of Candidate	Jessica Puente-Bradshaw	
Candidate Party Affilia	ation REP Office Sought: X House Senate President	State TX District 27
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co	mmittee:	
(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 cor	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 se 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 Fur	ndraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
Co	mmittees Participating in Joint Fundraiser	
00		
1.	rec ib number C	
2.	FEC ID number	
3.	FEC ID number	
1		

FEC Form 1 (Dovi	sed 02/2000)	Page 3
FEC Form 1 (Revi		raye 3
	perty for Jessica	
	ted Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	ship PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Conn	ected Organization Affiliated Committee Joint Fundraising Representative Le	adership PAC Sponsor
	Identify by name, address (phone number optional) and position of the person in position	ssession of committee
books and records.		
Full Name		
Mailing Address		
Title or Position	CITY STATE	ZIP CODE
	Telephone number	
8. Treasurer: List the name	e and address (phone number optional) of the treasurer of the committee; and the na	ump and address of
any designated agent (e	g., assistant treasurer).	The and address of
Full Name Mr. G of Treasurer	ary E Doan	
Mailing Address	1219 Castleman Dr.	
	Cedar Hill	
Title or Position	CITY STATE	ZIP CODE
VP/IT	Telephone number 214 –	797 - 8923
1		

1 LO 1 011	n 1 (Revised 02/2009)	Page 4
Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
		ds accounts, rents
safety deposit bo	oxes or maintains funds.	ds accounts, rents
safety deposit be Name of Bank, I	Depository, etc. Well Fargo 910 Ruben M Torres Blvd	ds accounts, rents
safety deposit be Name of Bank, I	Depository, etc. Well Fargo 910 Ruben M Torres Blvd Brownsville TX 78520 CITY STATE	
safety deposit be Name of Bank, I	Depository, etc. Well Fargo 910 Ruben M Torres Blvd Brownsville CITY STATE Depository, etc.	
Name of Bank, I	Depository, etc. Well Fargo 910 Ruben M Torres Blvd Brownsville TX 78520 CITY STATE	
safety deposit be Name of Bank, I	Depository, etc. Well Fargo 910 Ruben M Torres Blvd Brownsville CITY STATE Depository, etc.	
Name of Bank, I	Depository, etc. Well Fargo 910 Ruben M Torres Blvd Brownsville CITY STATE Depository, etc.	
Name of Bank, I	Depository, etc. Well Fargo 910 Ruben M Torres Blvd Brownsville CITY STATE Depository, etc.	