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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) Now Electing Honest Leadership and Service PAC 1612 Crabb River Rd ADDRESS (number and street) (Check if address is changed) Richmond 77469 TX CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS ghusted@henryalan.com (Check if address is changed) Optional Second E-Mail Address rp3@henryalan.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00757120 FEC IDENTIFICATION NUMBER > 3. X 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. Husted, George, , , Type or Print Name of Treasurer Husted, George, , , [Electronically Filed] 2020 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

EEA	Form 1 (Revised 02/2009)	Page 2
	F COMMITTEE	1 aye 2
Candid	late 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. (Cominformation below.)	plete the candidate
Name of Candida		
Candida Party Af	3.1133	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candida		
Party (Committee:	
(d)		(Democratic, Republican, etc.) Party
Politic	al Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nected organization is
. ,	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)	gregated 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 F	undraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two 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.	o or more political
(committees Participating in Joint Fundraiser	
1	. C	
2	. FEC ID number	
3	. FEC ID number	
2	.	

	_				
	FEC Form 1 (Revised ()2/2009)			Page 3
W	Irite or Type Committee Name	:			
1	Now Electing H	onest Leadership a	nd Service PA	С	
6.	Name of Any Connected C	Organization, Affiliated Committee, Jo	oint Fundraising Representa	ative, or Leadersl	nip PAC Sponsor
N	EHLS VICTORY				
Ľ					
L					
	Mailing Address	1612 CRABB RIVER RD			
		RICHMOND	TX	77469	
		CITY	STAT		ZIP CODE
		J. 1		_	2 0052
	Relationship: Connected	d Organization Affiliated Committee	✗ Joint Fundraising Repre	sentative Lea	dership PAC Sponsor
•	Custodian of Records: Identification books and records.	ntify by name, address (phone number	optional) and position of t	the person in pos	session of committee
	Husted, Ge	eorge, , ,			
	Full Name				
	Mailing Address	75 S High St			
		Ste. 4			
		Dublin	OH	43017	
	Title or Position	CITY	STATE	Ē	ZIP CODE
	, Treasurer	1		202	866 , , 8229 ,
			Telephone number		
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) o	of the treasurer of the comm	ittee; and the nar	ne and address of
	Full Name Husted, Ge	eorge, , ,			
	of Treasurer				
	Mailing Address	75 S High St			
		Ste. 4			
		Dublin	OH	43017	-
	Tu 5 11	CITY	STATE		ZIP CODE
	Title or Position Treasurer		Telephone number	202 -	866 - 8229
			.5.565110 110111501		

FEC For i	n 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	Phillips, Robert, , , III	
Mailing Address	75 S High St	
-	Ste. 4	
	Dublin OH 4301 CITY STATE	ZIP CODE
Title or Position Deputy Treasur	er Telephone number	866 - 8229
		nolds accounts, rents
	The Huntington National Bank	
Mailing Address	17 S High St	
	Columbus OH 4321	5
	CITY STATE	ZIP CODE
Name of Bank,	Depository, etc.	
Mailing Address		
	CITY STATE	

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisin	g Participant:				
1.			F	EC ID number	C
2			F	EC ID number	С
3.			F	EC ID number	С
4.			F	EC ID number	С
		ed Committee, Join	t Fundraisir	ig Representativ	ve, or Leadership PAC Spor
NEHLS, TROY, ,	, 				
Maritiman Adalahara	1612 CRABB RIVER	RD			
Mailing Address					
	BICHMOND			TV	77460
B.1.1111	RICHMOND			L TX	77469
Relationship:		CITY A		STATE A	ZIP CODE ▲
Connected		liated Committee		draising Represen	tative Leadership PAC S
Connected				draising Represen	tative Leadership PAC S
Connected esignated Agent: Identify				draising Represen	tative Leadership PAC S
Connected esignated Agent: Identify Full Name				draising Represen	tative Leadership PAC S
Connected esignated Agent: Identify Full Name	by name, address (pr		onal)		tative Leadership PAC S
esignated Agent: Identify Full Name Mailing Address	by name, address (pr	none number – opti	onal)		
Connected esignated Agent: Identify Full Name	by name, address (pr	none number – opti	onal)		
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or mail	by name, address (ph	none number – opti	onal)	STATE A	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito fety deposit boxes or ma	by name, address (ph	none number – opti	onal)	STATE A	ZIP CODE A
Esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito aftety deposit boxes or ma	by name, address (ph	none number – opti	onal)	STATE A	ZIP CODE A
connected esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito ane of Bank, epository, etc.	by name, address (ph	none number – opti	onal)	STATE A	ZIP CODE A