STATEMENT OF

FORM 1		0	RGAN	IZA	TIO	N					EC			CER	!TE			
1. NAME OF COMMITTEE (in	n full)		Check if nam changed)	е		le:If typ ne lines		pe	1	.ŹF1	Ě4M	5				39		*******
M. Mark Mi	itchell	for Co	ngress			<u> l</u>	11		1_1	_1_	1 1	11		<u> </u>		<u> </u>		┙.
ADDRESS (number a	and street)	7220 Cra	g Street			1 1	1.1	<u> </u>						 	 _			
(Check if a is changed	Fort Wor	th				1 1		لــــــــــــــــــــــــــــــــــــ	TX I		76 	 112 	I I I Z		· L		<u>.</u>	
COMMITTEE'S E-MA	AIL ADDRE	SS																
(Check if is changed	monte.	mitchell@c	harter.r	net LLL		LI	L			<u> </u>					4-4		لــا	
		Optional	Second E-Ma	ail Addre	ess LLL	<u> </u>	<u> </u>	<u>li</u> .	_1_1		1 1	<u> </u>		1		1 1	_1_	لـــا
COMMITTEE'S WEB	address		RL)				 	<u>. </u>										
2. DATE	1 29		2015															
3. FEC IDENTIFIC	CATION N	JMBER ▶			~~~	Concur												
4. IS THIS STATE	MENT 🗵	NEW	(N) C	R		AME	NDED	(A)	-									
I certify that I have of Type or Print Name				best of	my kno	owledge	and b	elief i	it is t	rue,	corre	ct and	d con	nplete	∋ .			
Signature of Treasure	er <i>Hann</i>	ah Young						_	Da	te		1	′ [29	′ [2	015	
NOTE: Submission of	false, erron		omplete inforn GE IN INFOR					_					pena	alties	of 2	U.S.	C. §4	37g.
Office					Fo	or furthe	r inform	nation	conta	ct:	•••		ГГ	<u> </u>		204	4	

ļ	Office				For further information contact
	Use	·	ļ	1	Federal Election Commission
	Only			1	Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

PAGE 1 / 4 =

FEC F	orm 1 (Revised 02/2009)	Page 2				
	COMMITTEE					
	te Committee:					
(a) 🔀	This committee is a principal campaign committee. (Complete the candidate information below	<i>ı</i> .)				
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Corinformation below.)	mplete the candidate				
Name of Candidate	Dr. Monte Mark Mitchell					
Candidate Party Affilia	Office Sought: House Senate President	State T				
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name of Candidate		111111				
Party Co	mmittee:					
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Par				
Political.	Action Committee (PAC):					
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its ∞	onnected organization i				
	Corporation Corporation w/o Capital Stock	Labor Organization				
	n n	_				
		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 Fun	draising Representative:					
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for 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.	wo or more political				
Cor	mmittees Participating in Joint Fundraiser					
1.	FEC ID number	· · · · · · · · · · · · · · · · · · ·				
2.	FEC ID number	~~~~~~~				
3.	FEC ID number	-AAAAA				
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FEC Form 1 (Revised Write or Type Committee Name		Page 3					
M. Mark Mitche							
		- DAG G					
	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadershi	p PAC Sponsor					
NONE							
Mailing Address							
		: 1-1					
	CITY STATE ZI	P CODE					
	d Organization Affiliated Committee Joint Fundraising Representative Leader	 					
books and records.	ntify by name, address (phone number optional) and position of the person in posse	ession of committee					
Hannah Y	oung						
Full Name							
Mailing Address							
	Fort Worth , TX , 76112						
Title or Position	CITY STATE ZI	P CODE					
	Telephone number						
. Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	e and address of					
Full Name Hannah Yo	oung						
Mailing Address	17220 Craig Street						
	Fort Worth CITY STATE ZII	P CODE					
Title or Position	CITY STATE ZI						
	Telephone number	لــــا-لـــا					

CITY

STATE

ZIP CODE

Page 4

FEC Form 1 (Revised 02/2009)

Monte Mark Mitchell

Full Name of





FEDERAL Clechar Commission 999 E Sheet, NW WASHINGTON, DC 20463

Federal Election Com ENVELOPE REPLACEMENT PAGE FOR The FEC added this page to the end of this filing	R INCOMING DOCUMENTS
Hand Delivered	Date of Receipt
Postmarked USPS First Class Mail	Date of Receipt
USPS Registered/Certified	Postmarked (R/C) ///30/2015
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
.	Next Business Day Delivery
Received from House Records & Registration	Date of Receipt Office
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
PREPARER MP (3/2015)	12/07/2015 DATE PRÉPARED
Received from Senate Public Records Office Received from Electronic Filing Office Other (Specify):	Date of Receipt Date of Receipt Date of Receipt