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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 PO Box 16968 ADDRESS (number and street) (Check if address is changed) Sugar Land 77496 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 02 2021 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] 03 2021 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

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
	naidate	Committee:	
(a)	Ш	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	plete the candidate
	ne of didate		
	didate y Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	ne of didate		
Par	rty Con	nmittee:	
(d)		(National, State	Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conr	nected 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)			gradated fund or party
(f)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fulld of party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joir	nt Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o 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
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Name			- 3
Now Electing H	onest Leadership an	d Service PAC	
	Organization, Affiliated Committee, Join		e, or Leadership PAC Sponsor
NEHLS VICTORY			
Mailing Address	PO Box 16968		
	Sugar Land	TX	77496
	CITY	STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee	✗ Joint Fundraising Represen	tative Leadership PAC Sponsor
Custodian of Records: Ider books and records.	ntify by name, address (phone number	optional) and position of the	person in possession of committee
Husted, G	eorge, , ,		
Mailing Address	75 S High St		
Mailing Address	Ste. 4		
	Dublin	OH	43017
Title or Position	CITY	STATE	ZIP CODE
Treasurer		Telephone number	202 - 866 - 8229
3. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of assistant treasurer).	the treasurer of the committee	e; and the name and address of
Full Name Husted, Go	eorge, , ,		
Mailing Address	75 S High St		
·	Ste. 4		
	Dublin	OH	43017
Title or Position	CITY	STATE	ZIP CODE
Treasurer		Telephone number	202

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Full Name of Designated Agent	Phillips, Robert, , , III		
Mailing Address	75 S High St		
	Ste. 4		
	Dublin CITY	OH STATE	43017 ZIP CODE
Title or Position Deputy Treasure	r 	number 20	02 866 - 8229
9. Banks or Other safety deposit bo Name of Bank, D	Depositories: List all banks or other depositories in which the compares or maintains funds. Depository, etc. The Huntington National Bank	nittee deposits f	unds, holds accounts, rents
Mailing Address	17 S High St		
	Columbus	OH	43215
	CITY	STATE	ZIP CODE
Name of Bank, D	epository, etc.		
Mailing Address			

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

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h). Joint Fundraisir			1	O ID	
1.				C ID number	С
2.			FE	C ID number	
3.			FE	C ID number	C
4			FE	C ID number	С
		liated Committee, Joi	int Fundraising	Representati	ve, or Leadership PAC Spor
NEHLS, TROY, ,	,				
Mailing Address	PO Box 16968				
	Sugar Land			TX	77496
Relationship:		CITY ▲		STATE A	ZIP CODE ▲
	d Organization	Affiliated Committee	Joint Fundr	aising Represen	tative Leadership PAC S
Connecte				aising Represen	tative Leadership PAC S
				aising Represen	tative Leadership PAC S
Connecte esignated Agent: Identif				aising Represen	tative Leadership PAC S
Connecte esignated Agent: Identif				aising Represen	Leadership PAC S
Connecte esignated Agent: Identif	y by name, address	s (phone number – op	otional)		
Connecte esignated Agent: Identif	y by name, address	s (phone number – op	otional)	aising Represen	
Connecte esignated Agent: Identif Full Name Mailing Address	y by name, address	s (phone number – op	otional)		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Depositor defety deposit boxes or mailing the same of the	y by name, address	city A	otional) Telepho	STATE A	
Esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Depositor	y by name, address	city A	otional) Telepho	STATE A	ZIP CODE A
Esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Depositor aftery deposit boxes or mail arms of Bank,	y by name, address	city A	otional) Telepho	STATE A	ZIP CODE A
connecte esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposito affety deposit boxes or material depository, etc.	y by name, address	city A	otional) Telepho	STATE A	ZIP CODE A