PAGE 1 / 4

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. CHRIS PERRI FOR CONGRESS 1504 WEST AVE ADDRESS (number and street) (Check if address is changed) **AUSTIN** 78701 TX CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS chris@chrisperrifortexas.com (Check if address X is changed) Optional Second E-Mail Address chris@chrisperrilaw.com COMMITTEE'S WEB PAGE ADDRESS (URL) chrisperrifortexas.com (Check if address is changed) DATE 2017 C00637876 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. Perri, Christopher, , , Type or Print Name of Treasurer Perri, Christopher, , , [Electronically Filed] 10 17 2017 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 Form 1 (Revis	sed 02/2009)	Page 2
TYPE OF COMMITTEE	=	
Candidate Commit	tee:	
(a) This com	mittee is a principal campaign committee. (Complete the candidate information below.)	
(b) This cominformation	mittee is an authorized committee, and is NOT a principal campaign committee. (Compon below.)	lete the candidate
Name of Candidate	ri, Christopher, Michael, ,	
Candidate Party Affiliation	DEM Office Sought: X House Senate President	State TX
		District 25
(c) This com	mittee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Committee:		
(d) This com	· · · · · · · · · · · · · · · · · · ·	Democratic, lepublican, etc.) Party.
Political Action Cor	mmittee (PAC):	
(e) This com	mittee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected organization is a:
	Corporation Corporation w/o Capital Stock	Labor Organization
□ N	Membership Organization Trade Association	Cooperative
[In addition, this committee is a Lobbyist/Registrant PAC.	
	mittee supports/opposes more than one Federal candidate, and is NOT a separate seg e. (i.e., nonconnected committee)	regated 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 Fundraising R	Representative:	
(0)	mittee collects contributions, pays fundraising expenses and disburses net proceeds for two es/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
	nittee collects contributions, pays fundraising expenses and disburses net proceeds for two es/organizations, none of which is an authorized committee of a federal candidate.	or more political
Committees Pa	articipating in Joint Fundraiser	
1.	FEC ID number C	
2.	FEC ID number C	
3.	FEC ID number	
4.		

FEC Form 1 (Revised 02/2009)	Page 3
Write or Type Committee Name	r age o
CHRIS PERRI FOR CONGRESS	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	ip PAC Sponsor
NONE	
Mailing Address	
CITY STATE 7	ZIP CODE
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Lead	dership PAC Sponsor
 Custodian of Records: Identify by name, address (phone number optional) and position of the person in poss books and records. 	session of committee
Perri, Christopher, , ,	1
Full Name1504 West Ave.	
Mailing Address	
Austin	
Title or Position CITY STATE Z	ZIP CODE
Treasurer 512 9	917 - 4378
3. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name any designated agent (e.g., assistant treasurer).	ne and address of
Full Name Perri, Christopher, , ,	1
of Treasurer 1504 West Ave.	
Mailing Address	
L Austin	
Austin TX 78701 CITY STATE Z	IP CODE
Title or Position	17 4378 4378

FEC Form	1 (Revised 02/2009)	Page 4			
Full Name of Designated Agent	Perri, Christopher, , ,				
Mailing Address	1504 West Ave				
	Austin TX 78701 CITY STATE	ZIP CODE			
Title or Position Designated Agen	t Telephone number 512 - 5	917 - 4378			
 Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc. 					
	Frost Bank				
Mailing Address	401 Congress Ave.				
	Austin TX 78701				
	CITY STATE	ZIP CODE			
Name of Bank, De	epository, etc.				
Mailing Address					
	CITY STATE				