Only

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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) is changed) over the lines. FELICIA HARRIS HOSS FOR CONGRESS PO BOX 2811 ADDRESS (number and street) (Check if address is changed) **FREEPORT** 77542 TX CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS COMPLIANCE@RIGHTSIDECOMPLIANCE.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00502310 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. PATEL, RUSHI, , , Type or Print Name of Treasurer PATEL, RUSHI, , , [Electronically Filed] 10 15 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

Local 202-694-1100

FEC	Form 1 (Revised 02/2009)	Page 2	
TYPE OF	COMMITTEE		
Candida	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. (Cor information below.)	nplete the candidate	
Name of Candidate	HARRIS HOSS, FELICIA, , ,		
Candidate	Office REP Sought: X House Senate President	State	
Party Affil	ation REP Sought: X House Senate President	District 22	
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.		
Name of Candidate			
Party C	ommittee:		
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.	
Politica	Action Committee (PAC):		
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	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 segregated 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 Fu	ndraising Representative:		
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political	
Co	mmittees Participating in Joint Fundraiser		
1.	FEC ID number		
2.	FEC ID number		
3.	FEC ID number		
4.			

FEC Form 1 (Revised		Page 3
Write or Type Committee Name	IS HOSS FOR CONGRESS	
		rahin DAC Spanaar
	Organization, Affiliated Committee, Joint Fundraising Representative, or Leade	rship PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative	_eadership PAC Sponsor
. Custodian of Records: Ider books and records.	ntify by name, address (phone number optional) and position of the person in p	possession of committee
	ER, NANCY, , ,	
Full Name	PO BOX 341027	
Mailing Address		
	AUSTIN , TX , 78734	
Title or Position	CITY STATE	ZIP CODE
ASSISTANT TREASURER		
3. Treasurer: List the name an any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	name and address of
Full Name PATEL, RI of Treasurer	USHI, , ,	
Mailing Address	12213 ROSEMONT LANE	
	PEARLAND TX 77584	
Title or Position	CITY STATE	ZIP CODE
TREASURER		515 - 5572

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Full Name of Designated RENI Agent	INAKER, NANCY, , ,	
Mailing Address	PO BOX 341027	
	AUSTIN TX CITY STAT	
Title or Position ASSISTANT TREASU	RER Telephone number	
safety deposit boxes or Name of Bank, Deposit		posits funds, holds accounts, rents
	4880 SWEETWATER BLVD.	
Mailing Address		
	SUGAR LAND TX	77479-3153
	SUGAR LAND TX	
	CITY STAT	
Name of Bank, Deposit	CITY STAT	
Name of Bank, Deposit	CITY STAT	
L	CITY STAT	
L	CITY STAT	