

FEC
FORM 1STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Bob Hendry for Congress

ADDRESS (number and street)

875 West Poplar Ave



(Check if address is changed)

Suite 23-126

Collierville

CITY ▲

TN

STATE ▲

38017

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address is changed)

administrator@hendryforcongress.com

Optional Second E-Mail Address

bobhendry901@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address is changed)

www.hendryforcongress.com

2. DATE

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	2	1

3. FEC IDENTIFICATION NUMBER ►

C

C00794487

4. 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.

Type or Print Name of Treasurer Schmidt, Bethany, , Mrs.,

Signature of Treasurer

Schmidt, Bethany, , Mrs.,

[Electronically Filed]

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	2	1

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
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

5. TYPE OF COMMITTEE

Candidate 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. (Complete the candidate information below.)

Name of Candidate

Hendry, Robert, Louis, Mr.,

Candidate
Party Affiliation

REP

Office
Sought:☒

House

☐

Senate

☐

President

State

TN

District

08

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate**Party Committee:**

- (d) ☐ This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 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 Fundraising Representative:

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

- | | | | |
|----|----------------------|---------------|------------------------|
| 1. | <input type="text"/> | FEC ID number | C <input type="text"/> |
| 2. | <input type="text"/> | FEC ID number | C <input type="text"/> |
| 3. | <input type="text"/> | FEC ID number | C <input type="text"/> |
| 4. | <input type="text"/> | FEC ID number | C <input type="text"/> |

Write or Type Committee Name

Bob Hendry for Congress**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Crawford, Lloyd, , Mr.,

Mailing Address

875 W. Poplar Ave

Ste 23-126

Collierville

TN

38017

Title or Position

CITY

STATE

ZIP CODE

Custodian of Records

Telephone number

901

701

8400

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).Full Name
of Treasurer

Schmidt, Bethany, , Mrs.,

Mailing Address

875 W. Poplar Ave

Ste 23-126

Collierville

TN

38017

Title or Position
Treasurer

CITY

STATE

ZIP CODE

Telephone number

901

701

8400

Full Name of
Designated
Agent

Blair, Keri, , Mrs.,

Mailing Address

875 W. Poplar Ave

Ste 23-126

Collierville

CITY

TN

STATE

38017

ZIP CODE

Title or Position

Campaign Coordinator

Telephone number

901

701

8400

9. **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.

Patriot Bank

Mailing Address

279 Market Blvd

Collierville

CITY

TN

STATE

38017

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE