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PAGE 1 / 4 🗕

STATEMENT OF ORGANIZATION

				Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
Chris Hyser for Co	ngress			
ADDRESS (number and street)	4940 Fox Tower Rd			
(Check if address				
is changed)	Smithsburg		MD 2'	1783
			L L STATE ▲	
COMMITTEE'S E-MAIL ADDRE	:SS			
(Check if address is changed)	contact@chrishyserforcong	jress.com		
is changed)	Optional Second E-Mail Add	dress		
	Chyser@hotmail.com			
 (Check if address is changed) 2. DATE 	https://www.chrishyserforcong			
3. FEC IDENTIFICATION N		00831743		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
I certify that I have examined th	his Statement and to the best	of my knowledge and belief it	is true, correct ar	id complete.
Type or Print Name of Treasure	er Yamani, Shehla, , ,			
Signature of Treasurer Yam	ani, Shehla, , ,		Date 03	/ D D / Y Y Y Y 01 2024
NOTE: Submission of false, erron		may subject the person signing t TION SHOULD BE REPORTED		e penalties of 52 U.S.C. §3010
Office Use Only		For further information c Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	ontact:	FEC FORM 1 (Revised 06/2012)

FEC Form 1 (Revised 03/2022) Page 2 TYPE OF COMMITTEE: 5. Candidate Committee: This committee is a principal campaign committee. (Complete the candidate information below.) (a) X This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate (b) information below.) Name of Hyser, Chris, , , Candidate State MD Candidate Office REP House Senate President Party Affiliation Sought: District 06 (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (National, State (Democratic, (d) This committee is a or subordinate) committee of the Republican, etc.) Party **Political Action Committee (PAC):** This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a: (e) Corporation w/o Capital Stock Labor Organization Corporation 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.) (g) This committee is an independent expenditure-only political committee (Super PAC). In addition, this committee is a Lobbyist/Registrant PAC.

(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

Joint Fundraising Representative:

(i) 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.
 (j) 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.
 2.

Write or Type Committee Name

Chris Hyser for Congress

6.	Name of Any Connected Or	ganization, Affiliated (Committee, J	oint F	undra	ising	Repr	esentativ	/e, or	Lead	ershij	p PAC	C Sp	onso	r
		R, CHRIS HYSER		NGF	RESS	S 									
	<u> </u>														
	Mailing Address	4940 FOX TOWER RD													
		SMITHSBURG						MD		2178	3 		- [_		
			CITY ▲					STATE A	▲		ZI	P CC	DE .		
	Relationship: X Connected	Organization Affiliate	ed Organizatio	n	Join	t Fund	raising	Represe	entativ	e	Lea	adersh	זיף P∕	AC Sp	onso

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Yamani, S	Shehla, , ,			
Full Name				
Mailing Address	4940 Fox Tower Rd			
	Smithsburg		MD 21783	3
	CITY	•	STATE 🔺	ZIP CODE
Title or Position ▼				
Treasurer		Telephor	ne number	836 3858

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	Yamani, Shehla, , ,
Mailing Address	4940 Fox Tower Rd
	Smithsburg MD 21783
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	7
Treasurer	Telephone number

FEC Form	1	(Revised	02/2009)
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Full Name of Designated Agent	Hyser, William, Christopher, ,	
Mailing Address	4940 Fox Tower Rd	
		[
	Smithsburg MD 21783 Image: Image of the state of th	
	CITY ▲ STATE ▲ ZIP CODE ▲	
Title or Position ▼		
Assistant Treasur	er Telephone number	

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.

	Wells Fargo		
Mailing Address	7860 Wormans Mill Rd		
	Frederick	MD 21701	
	CITY 🔺	STATE A	ZIP CODE ▲
Name of Bank, D	Depository, etc.		
Mailing Address			
	CITY 🔺	STATE A	ZIP CODE ▲

Page 4