Only

PAGE 1 / 6 =

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Mike Siegel for Congress PO Box 2409 ADDRESS (number and street) (Check if address is changed) Austin 78701 TX CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS campaign@siegelfortexas.org (Check if address is changed) Optional Second E-Mail Address jenn@bluewavepolitics.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.siegelfortexas.org (Check if address is changed) DATE 07 2017 C00662668 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. Kim, Dustin, , , Type or Print Name of Treasurer Kim, Dustin, , , [Electronically Filed] 80 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

		rm 1 (Revised 02/2009)	Page 2
		OMMITTEE • 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. (Cor information below.)	nplete the candidate
Nam Cand	e of didate	Siegel, Mike, , ,	
	didate / Affiliati	on DEM Office Sought: X House Senate President	State TX District 10
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction 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 s committee. (i.e., nonconnected committee)	egregated 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.)	
Join	t Fund	raising 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
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC Form 1 (Revised	d 02/2009)	Page 3
Write or Type Committee Nar		. ago o
Mike Siegel for		
	I Organization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor
		or Ecuacionip i No oponion
MIKE SIEGEL VICTO	JRY FUND 	
Mailing Address	499 SOUTH CAPITOL STREET, SW	
, and the second	SUITE 407	
	WASHINGTON DC	20003
	CITY STATE	ZIP CODE
Relationship: Connect	ted Organization Affiliated Committee Joint Fundraising Representa	tive Leadership PAC Sponsor
 Custodian of Records: Id books and records. 	lentify by name, address (phone number optional) and position of the pe	erson in possession of committee
Siegel, N	Mike, , ,	
	PO Box 2409	
Mailing Address		
	Austin	78701
Title or Position	CITY STATE	ZIP CODE
	Telephone number	
Treasurer: List the name a any designated agent (e.g.,	and address (phone number optional) of the treasurer of the committee; , assistant treasurer).	and the name and address of
Full Name Kim, Dus	stin, , ,	1
of Treasurer	IPO Roy 2409	
Mailing Address	PO Box 2409	
	Austin	78701
Title or Position Treasurer	CITY STATE 5 Telephone number	ZIP CODE 12 - 993 - 8832 -
	ieleprione number	

FEC Form	1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	Siegel, Mike, , ,	
Mailing Address	PO Box 2409	
	Austin TX 78°	701 ZIP CODE
Title or Position Asst. Treasurer	Telephone number	
	Depositories: List all banks or other depositories in which the committee deposits funds, oxes or maintains funds. Depository, etc.	holds accounts, rents
	University Federal Credit Union	
Mailing Address	PO Box 9350	
	Austin TX 78	766
	CITY STATE	ZIP CODE
Name of Bank, [Depository, etc.	
Mailing Address	BANK OF AMERICA, NA 3 DuPont Circle, NW	
	Washington DC 200	036
	CITY STATE	ZIP CODE

FEC Form 1S (Revised 02/2017)

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

Page ____ **of** ____

or(h). Jo	oint Fundraising	Participant:							
1.				FEC II	number	С			
2.				FEC II	number	С			
3.				FEC II	number	C			
4.				FEC II	number	С			
Name of A	ny Connected O	rganization, Affiliated Comi	nittee, Joint Fu	ndraising Re _l	presentative	e, or Leade	ership P	AC Spon	sor
Mailin	ng Address								
		<u> </u>]-[
Relati	ionship:	CITY	_		STATE ▲		ZIP C	ODE 🛦	
Designated		Organization Affiliated Co		oint Fundraisin	g nepresent			nip PAC Sp	
Full Nar	Resnick, Je	ny name, address (phone nu nnifer, , , 20003	mber – optional)						
Full Nar	Agent: Identify be	ny name, address (phone nu nnifer, , , 20003 499 South Capitol Street SW	mber – optional)						L
Full Nar	Resnick, Je	y name, address (phone nu nnifer, , , 20003 499 South Capitol Street SW Suite 407	mber – optional)						
Full Nar	Resnick, Je	ny name, address (phone nu nnifer, , , 20003 499 South Capitol Street SW	mber – optional)		DC	20003			
Full Nar	Resnick, Jeme Address	y name, address (phone nu nnifer, , , 20003 499 South Capitol Street SW Suite 407 Washington	mber – optional)				ZIP CO		
Full Nar Mailing TITLE	Resnick, Je	y name, address (phone nu nnifer, , , 20003 499 South Capitol Street SW Suite 407 Washington	mber – optional)		DC STATE A				
Full Nar Mailing TITLE Authoriz	Resnick, Je Resnick, Je me	y name, address (phone nu nnifer, , , 20003 499 South Capitol Street SW Suite 407 Washington CITY	mber – optional)	Telephone N	DC STATE A umber	20003	ZIP CO	- DE	
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017) for Lines 5(

Page ___ **of** ___

(h). Joint Fundraising	1	FEC ID number	С
1.			
2.		FEC ID number	C
3.		FEC ID number	C
4		FEC ID number	C
ame of Any Connected Or	ganization, Affiliated Committee, Joint Fun	draising Representativ	e, or Leadership PAC Spon
Mailing Address			
I			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	y name, address (phone number – optional)	int Fundraising Represent	Leadership PAC S
esignated Agent: Identify b Haggard, Lo Full Name		int Fundraising Represent	Leadership PAC S
esignated Agent: Identify b Haggard, Lo	y name, address (phone number – optional) ora, , , 20003 499 South Capitol Street, SW	int Fundraising Represent	Leadership PAC S
esignated Agent: Identify b Haggard, Lo Full Name	y name, address (phone number – optional) ora, , , 20003 499 South Capitol Street, SW Suite 407		
esignated Agent: Identify b Haggard, Lo	y name, address (phone number – optional) ora, , , 20003 499 South Capitol Street, SW Suite 407 Washington	int Fundraising Represent	Leadership PAC S
esignated Agent: Identify b Haggard, Lo Full Name Mailing Address TITLE OR POSITION	y name, address (phone number – optional) ora, , , 20003 499 South Capitol Street, SW Suite 407 Washington		20003
esignated Agent: Identify b Haggard, Lo Full Name Mailing Address	y name, address (phone number – optional) ora, , , 20003 499 South Capitol Street, SW Suite 407 Washington CITY	DC	20003
esignated Agent: Identify be Haggard, Lo Full Name Mailing Address TITLE OR POSITION Authorized Agent Authorized Agent Analysis or Other Depositorie	y name, address (phone number – optional) ora, , , 20003 499 South Capitol Street, SW Suite 407 Washington CITY s: List all banks or other depositories in which	STATE A Telephone Number	20003 ZIP CODE A
esignated Agent: Identify be Haggard, Lo Full Name Mailing Address TITLE OR POSITION Authorized Agent Authorized Agent Analysis or Other Depositorie	y name, address (phone number – optional) ora, , , 20003 499 South Capitol Street, SW Suite 407 Washington CITY s: List all banks or other depositories in which	STATE A Telephone Number	20003 ZIP CODE A
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esignated Agent: Identify be Haggard, Lo Full Name Mailing Address TITLE OR POSITION Authorized Agent anks or Other Depositorie afety deposit boxes or maint ame of Bank, epository, etc.	y name, address (phone number – optional) ora, , , 20003 499 South Capitol Street, SW Suite 407 Washington CITY s: List all banks or other depositories in which	STATE A Telephone Number	20003 ZIP CODE A