

FEC FORM 1

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

Committee to Elect the Eagle, Karen Ben-Moyal, for All of US 2020

ADDRESS (number and street) 9814 Sandra Ann Ct.

(Check if address is changed)

Houston

CITY ▲

TX

STATE ▲

77025

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

eaglesforallofus@gmail.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.KarenforAllofUS.com

2. DATE 06 / 03 / 2020

3. FEC IDENTIFICATION NUMBER ▶

C C00753798

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 Gonzales, Gabriel, F., Mr., II

Signature of Treasurer *Gonzales, Gabriel, F., Mr., II*

[Electronically Filed]

Date

08

04

2020

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 Ben-Moyal, Karen, , Ms.,

Candidate Party Affiliation IND Office Sought: House Senate President State TX District 14

- (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. _____ FEC ID number C _____
2. _____ FEC ID number C _____
3. _____ FEC ID number C _____
4. _____ FEC ID number C _____

Write or Type Committee Name

Committee to Elect the Eagle, Karen Ben-Moyal, for All of US 2020

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 Meyercord, Mackenzie, , Mr.,

Mailing Address 4809 Tamarisk

Bellaire

TX

77401

Title or Position

CITY

STATE

ZIP CODE

P.R. Coordinator

Telephone number 832 - 613 - 7789

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 Gonzales, Gabriel, F., Mr., II

Mailing Address 2305 Bay Area Blvd.

806

Clear Lake

TX

77058

Title or Position Treasurer

CITY

STATE

ZIP CODE

Telephone number 832 - 252 - 6387

Full Name of Designated Agent

Ben-Moyal, Karen, , Ms.,

Mailing Address

102 Strand St.

Galveston

TX

77550

CITY

STATE

ZIP CODE

Title or Position

Committee Candidate

Telephone number

832

566

9318

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.

Bank of America

Mailing Address

2102 E. Main St.

League City

TX

77573

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F1N
Transaction ID :

Please refer to text memo found in our New Statement of Candidacy, (FEC Form 2).

Form/Schedule:
Transaction ID: