2022-10:31:05:00425250

HARD DELIVERED

FEC FORM 1

STATEMENT OF **ORGANIZATION**

			Office Use OH
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
SHERRI LYM	V TAYLOR	FOR US SE	NATE TEXAS
ADDRESS (number and street)	P.O. Bax .	171,0,8 MC06,8	
☐ ◀ (Check if address is changed)			
	CITY A		17X 787.44- 2498 STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	ss		
(Check if address is changed)	diezyse is	5,2022@gmail	COM
	Optional Second E-Mail Ac	ddress	
			
COMMITTEE'S WEB PAGE ADI	ORESS (URL)		
Check if address is changed)			
2. DATE 10 3	1 2022		
3. FEC IDENTIFICATION NU	JMBER ▶ C		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
I certify that I have examined th	nis Statement and to the bes	t of my knowledge and belief it	is true, correct and complete.
Type or Print Name of Treasure	. SHERRI	LYNN	TAYCOR
Signature of Treasurer	herri Lynn	Taylor	Date 10 31 2022
NOTE: Submission of false, errone		may subject the person signing t	his Statement to the penalties of 52 U.S.C. §30109.

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

FEC FORM 1 (Revised 06/2012)

committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

This committee is a principal campaign committee. (Complete the candidate information below.)

This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate

Page 2

FEC Form 1 (Revised 03/2022)

TYPE OF COMMITTEE: **Candidate Committee:**

Γ	- ·		_
	FEC Form 1 (Revision of Type Committee N	· · · · · · · · · · · · · · · · · · ·	Page 3
٧	while or Type Committee is	lame	
6.	Name of Any Connecte	ed Organization, Affiliated Committee, Joint Fundraising Representative	ve, or Leadership PAC Sponsor
	Mailing Address		<u> </u>
			·
			J - <u> </u>
		CITY ▲ STATE	▲ ZIP CODE ▲
	Relationship: Conne	ected Organization Affiliated Organization Joint Fundraising Represe	entative Leadership PAC Spons
7.	books and records.	Identify by name, address (phone number optional) and position of the per	son in possession of committee
	Full Name	ERRI LYMM TAYLOR	
	Mailing Address	1. 9.80X 12108, MC968,	
		AUSTIN 178	178714-12408
		CITY ▲ STATE	▲ ZIP CODE ▲
	Title or Position ▼		
		Telephone number	
8.		e and address (phone number optional) of the treasurer of the committed.g., assistant treasurer).	lee; and the name and address of
	Full Name of Treasurer	ERRI LYNN TAYLOR	
	Mailing Address	P. 9. BOX 12108 MG948	
		LAUS TIM	1 78744-12198
		CITY A STATE	71P CODE A

CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼

Telephone number

I	FEC Form 1 (Revised 02/2009)	Page 4
	Full Name of Designated Agent	
	Mailing Address	
	CITY ▲ STATE ▲ Title or Position ▼	ZIP CODE ▲
	Telephone number	-
9.	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, safety deposit boxes or maintains funds.	holds accounts, rents
	Name of Bank, Depository, etc.	
	USAA FEDERAL SAVINGS BANK	
	Mailing Address Address Mailing Address	
	SAN ANTONIQ 17	8288-[
	CITY ▲ STATE ▲	ZIP CODE ▲
	Name of Bank, Depository, etc.	
	Mailing Address	
	CITY ▲ STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 0	2/2017)	Optional Supplemental Info for Lines 5(g) or (h), 6, 8 a		Page of
or(h). Joint Fundrais	sing Participant:	:		
1.			FEC ID number	
2.			FEC ID number C	
3	<u> </u>	1.	FEC ID number	
4	1.1.1.1.1.1		FEC ID number	
Name of Any Connecte	ed Organization,	, Affiliated Committee, Joint Fundra	aising Representative, or	Leadership PAC Sponsor
	1111	<u> </u>	<u> </u>	1111111
	1 1 1 1 1	<u> </u>	1 1 1 1 1 1 1 1 1	
Mailing Address	ــــــــــــــــــــــــــــــــــــــ			
				111111
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Relationship:		CITY ▲	STATE A	ZIP CODE ▲
Connec	cted Organization	Affiliated Committee Joint	Fundraising Representative	Leadership PAC Spons
Designated Agent: Iden	tify by name, add	ldress (phone number – optional)		
Designated Agent: Iden	itify by name, add	dress (phone number – optional)		
Full Name	itify by name, add	dress (phone number – optional)		
	itify by name, add	dress (phone number – optional)		
Full Name	ntify by name, add	Idress (phone number – optional)		
Full Name			STATE A	ZIP CODE A
Full Name		CITY A	STATE A	ZIP CODE A

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.

Mailing Address

CITY

STATE

ZIP CODE

Hand Delivered

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(3/2015)

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