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| FEC FORM 1 | STATEMEI ORGANIZ | _ | | PAGE 1 / 4 — |
| | | | | Office Use Only |
| . NAME OF COMMITTEE (in full) | (Check if name is changed) | Example:If typing, type over the lines. | 12FE4M5 | |
| | | over the intes. | | |
| Keli For Congre | | | | |
| | | | | |
| ADDRESS (number and street) | 2800 Broadway St | | | |
| (Check if address | Ste C #202 | | | |
| is changed) | Pearland | | | 77089 |
| | | | LL STATE ▲ | |
| COMMITTEE'S E-MAIL ADD | RESS | | | |
| Check if address | keli@keliforcongress.c | om | | |
| is changed) | | | | |
| | Optional Second E-Mail Ad | dress | | |
| COMMITTEE'S WEB PAGE (Check if address is changed) | ADDRESS (URL) | | | |
| 2. DATE 09 | 13 / Y Y Y Y 13 | | | |
| 3. FEC IDENTIFICATION | NUMBER ► C c | 00719401 | | |
| I. IS THIS STATEMENT | NEW (N) OR | X AMENDED (A) | | |
| certify that I have examined | this Statement and to the best | of my knowledge and belief i | t is true, correct a | and complete. |
| ype or Print Name of Treas | urer Manlangit, Max, , , | | | |
| | | | | |
| Signature of Treasurer | anlangit, Max, , , | [Electronically Filed] | Date 10 | / D D / Y Y Y Y 11 2019 |
| NOTE: Submission of false, er | oneous, or incomplete information ANY CHANGE IN INFORMATI | may subject the person signing ON SHOULD BE REPORTED V | | the penalties of 2 U.S.C. §437g |
| Office Use Only | | For further information of Federal Election Commiss Toll Free 800-424-9530 | | FEC FORM 1 (Revised 06/2012) |

10/11/2019 11 : 28

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| FEC Fo | rm 1 (Revised 02/2009) | Page 2 |
|------------------------|---|--|
| E OF C | COMMITTEE | |
| ndidate | e Committee: | |
| × | 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 t information below.) | he candidate |
| e of didate | Chevalier, Keli, , , | |
| didate / Affiliatio | ion REP Sought: X House Senate President | tate TX strict 22 |
| | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| e of didate | | |
| ty Con | | |
| | | cratic, lican, etc.) Party. |
| tical A | Action Committee (PAC): | |
| | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected | l organization is a |
| | Corporation Corporation w/o Capital Stock | r Organization |
| | Membership Organization Trade Association Coop | perative |
| | In addition, this committee is a Lobbyist/Registrant PAC. | |
| | This committee supports/opposes more than one Federal candidate, and is NOT a separate segregat committee. (i.e., nonconnected committee) | ed 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.) | |
| t Fund | draising Representative: | |
| | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or m committees/organizations, at least one of which is an authorized committee of a federal candidate. | ore political |
| | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or m committees/organizations, none of which is an authorized committee of a federal candidate. | ore political |
| Com | mittees Participating in Joint Fundraiser | |
| 1. | FEC ID number | |
| 2. | FEC ID number | |
| 3. | FEC ID number | |
| 4. | FEC ID number | |
| | E OF C didate e of didate / Affiliat e of didate ty Cor tical A tical A Corr 1. 2. 3. | In the some iteration of a protection of a principal campaign committee. (Complete the information below.) e of index authorized committee, and is NOT a principal campaign committee. (Complete the information below.) e of Affiliation REP Office Sought: House Senate President Difficult authorized committee. It is committee supports/opposes only one candidate, and is NOT an authorized committee. e of matching the information of the information of the information below.) This committee supports/opposes only one candidate, and is NOT an authorized committee. e of matching the information of the information of the information of the information below.) to committee is a grant of the information of the information of the information below.) tical Action Committee (PAC): This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected in addition, this committee is a Lobbyist/Registrant PAC. This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee) In addition, this committee is a Lobbyist/Registrant PAC. This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or m committees/organizations, at least one of which is an authorized committee of a federal candidate. Committees Participating in Joint Fundraiser 1 |

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Page 3

Write or Type Committee Name

Keli For Congress Committee

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

| N | | | | |
|----|---|--|--------------------------|--------------------------------|
| | | | | |
| | Mailing Address | | | |
| | | | | |
| | | | | |
| | | CITY | STATE | ZIP CODE |
| | Relationship: Connected | d Organization Affiliated Committee Joint F | undraising Representativ | Leadership PAC Sponsor |
| 7. | Custodian of Records: Ider books and records. | ntify by name, address (phone number optional) | and position of the pers | son in possession of committee |
| | Manlangit, | Max, , , | | |
| | Full Name | | | |
| | Mailing Address | 10331 Sagebrook Dr | | |
| | | | | |
| | | Houston | | 77089 |
| | | | | |

 Telephone number
 713
 530
 5618

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 | Manlangit, Max, , , |
|---------------------------|---|
| Mailing Address | 10331 Sagebrook Dr |
| | |
| | Houston |
| | CITY STATE ZIP CODE |
| Title or Position | Telephone number 713 - 530 - 5618 |

FEC Form 1 (Revised 02/2009)

| Full Name of Designated Agent | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------------------|--|---|--|--|--|--|--|----|----|--|--|-----|-----|-----|-----|----|-----|-----|---|---|--|----|-----|------|--|--|
| Mailing Address | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | L | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | L | | | L | | | | | | |
| | | | | | | | | CI | TΥ | | | | | | | | ST | ATE | Ξ | | | ZI | P (| ЭE | | |
| Title or Position | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | Tel | eph | one | e n | um | ber | | | | | | | | | |

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.

| Chase | | | |
|---------------------------|--------------------------|-------|----------|
| Mailing Address | 11222 S. Sam Houston, TX | | |
| | | | |
| | | | 89 |
| | CITY | STATE | ZIP CODE |
| Name of Bank, Depository, | etc. | | |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| | CITY | STATE | ZIP CODE |