Image# 202001069167023309				01/06/2020 16 : 21
FEC FORM 1	STATEMEI ORGANIZ	-		PAGE 1 / 4 —
			Of	fice Use Only
I. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Michael Allen for	Congress			
DDRESS (number and street)	P.O. Box 10254			
(Check if address is changed)				
	Houston		TX 772	06
	CITY 🔺		STATE A	ZIP CODE▲
OMMITTEE'S E-MAIL ADDR	ESS			
(Check if address is changed)	michael@michael4con	igress.com		
	Optional Second E-Mail Ad	dress amail.com		
		ginali.com		
<ul> <li>(Check if address is changed)</li> </ul>	www.michael4congress.com			
	b / Y Y Y Y 5 2019			
. FEC IDENTIFICATION N	IUMBER ► C C	:00727255		
. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
certify that I have examined	this Statement and to the best	of my knowledge and belief	it is true, correct and	complete.
		-		
ype or Print Name of Treasur	er Allen, Michael, , ,			
ignature of Treasurer	n, Michael, , ,	[Electronically Filed]	Date 01	06 / Y Y Y Y 2020
IOTE: Submission of false, error	neous, or incomplete information ANY CHANGE IN INFORMATI	may subject the person signing		penalties of 2 U.S.C. §437g.
Office Use Only		For further information Federal Election Commis: Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

01/06/2020 16 : 21

FEC Form 1 (Revised 02/2008)       Page :         7. 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       Allen, Michael, McGinley, , .         Candidate       DEM         Ortice       State         Party Affiliation       DEM         Office       State         Candidate       Demmittee supports/opposes only one candidate, and is NOT an authorized committee.         Name of       Candidate         Candidate       (National, State         (a)       This committee is a         (a)       This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization         (a)       This committee is a Lobbyist/Registrant PAC.         (b)       In addition, this committee is a Lobbyist/Registrant PAC.         (c)       This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund.         (n)       Committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund.         (n)       This committee is a Lobbyist/Registrant PAC.	_
Candidate Committee:         (a) <ul> <li>This committee is a principal campaign committee. (Complete the candidate information below.)</li> <li>This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)</li> </ul> Name of Candidate         Allen, Michael, McGinley, ,	age <b>2</b>
(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       Allen, Michael, McGinley, ,         Candidate       President         Party Affiliation       DEM         Office       State         Party Committee       State         (c)       This committee supports/opposes only one candidate, and is NOT an authorized committee.         Name of Candidate       (Democratic, and other is a separate segregated fund. (Identify connected organization on line 6.) Its committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization         (b)       This committee is a separate segregated fund. (Identify sponsor on line 6.) Its connected organization         (c)       This committee is a Lobby/st/Registrant PAC.         (f)       This committee is a Lobby/st/Registrant PAC.         (g)       In addition, this committee is a Lobby/st/Registrant PAC.         (h)       In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)         Joint Fundraising Representative:       In addition, this committee is an authorized committee of a federal candidate.         (h)       This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more pole comm	
(b)       This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the can information below.)         Name of Candidate       Allen, Michael, McCinley, ,         Candidate       DEM       Office         Party Affiliation       DEM       Office         Party Affiliation       DEM       Office         Party Affiliation       DEM       Office         Party Affiliation       DEM       Office         Party Committee       Image: Committee is a committee is a committee of the committee.       State         Party Committee:       (National, State or subordinate) committee of the committee is a committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization       Image: Cooporation in this committee is a Labobyist/Registrant PAC.         (f)       This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund committee is a Labobyist/Registrant PAC.       Image: Cooporation in addition, this committee is a Labobyist/Registrant PAC.         (f)       This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund committee. (i.e., nonconnected committee)       Image: Cooporation in addition, this committee is a Labobyist/Registrant PAC.         (f)       This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more polic committees/organizations, one of which is an authorized committee of a federal candidate.	
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(c)       This committee supports/opposes only one candidate, and is NOT an authorized committee.         Name of Candidate	
Name of Candidate	rict 18
Party Committee:       (National, State       (Democratic, Republican, e         Political Action Committee is a       in addition or subordinate) committee of the       Republican, e         Political Action Committee (PAC):       (Identify connected organization on line 6.) Its connected organi       Corporation       Corporation w/o Capital Stock       Labor Organization         Corporation       Corporation w/o Capital Stock       Labor Organization       Trade Association       Cooperative         In addition, this committee is a Lobbyist/Registrant PAC.       In addition, this committee is a Lobbyist/Registrant PAC.       In addition, this committee is a Lobbyist/Registrant PAC.         In addition, this committee is a Lobbyist/Registrant PAC.       In addition, this committee is a Lobbyist/Registrant PAC.         In addition, this committee is a Lobbyist/Registrant PAC.       In addition, this committee is a Lobbyist/Registrant PAC.         In addition, this committee is a Lobbyist/Registrant PAC.       In addition, this committee is a Lobbyist/Registrant PAC.         In addition, this committee is a Lobbyist/Registrant PAC.       In addition, this committee sole or which is an authorized committee of a federal candidate.         (g)       This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more polic committees/organizations, none of which is an authorized committee of a federal candidate.         (h)       This committee collects contributions, pays fundraising expenses and disburses net pr	
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1.       FEC ID number         2.       FEC ID number         3.       FEC ID number	e political
1.	
3.     FEC ID number	
4	

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Page 3

Write or Type Committee Name

## Michael Allen for Congress

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

Mailing Address								
	CITY	STATE	ZIP CODE					
Relationship: Connected	Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor							
7. Custodian of Records: Iden books and records.	tify by name, address (phone number	optional) and position of the pers	son in possession of committee					
Allen, Mich	nael, , ,							

Full Name	
Mailing Address	P.O. Box 10254
	Houston TX 77206
Title or Position	CITY STATE ZIP CODE
Treasurer	Telephone number     832     -     523     -     9791

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	Allen, Michael, , ,
Mailing Address	P.O. Box 10254
	Houston
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number 832 - 523 - 9791

FEC Form 1 (Revised 02/2009)

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Full Name of Designated Agent				 																			
Mailing Address																							
					CI	TΥ								STA	ΛΤΕ			ZIF	D C	OD	Е		
Title or Position																							
									Tele	eph	one	e ni	umt	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.

	Hancock Whitney	
Mailing Address	3200 Kirby Dr.	
	Suite 1100	
		TX [77098]
	CITY	STATE ZIP CODE
Name of Bank, D	epository, etc.	
Mailing Address		
	CITY	STATE ZIP CODE