

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

Eugene Yu for Congress

ADDRESS (number and street)

5485 Bethelview Rd Suite 360

(Check if address is changed)

Box 368

Cumming

CITY ▲

GA

STATE ▲

30040

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

team@eugeneyuforcongress.com

Optional Second E-Mail Address

eugeneyuforcongress@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

eugeneyuforcongress.com

2. DATE

MM / DD / YYYY
10 / 21 / 2021

3. FEC IDENTIFICATION NUMBER ▶

C C00606970

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 Mesriah, Gabe, , Mr.,

Signature of Treasurer

Mesriah, Gabe, , Mr.,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 21 / 2021

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 Yu, Eugene, Chin, Mr.,

Candidate Party Affiliation REP Office Sought: House Senate President State GA District 07

- (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

Eugene Yu for Congress

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 Mesriah, Gabe, , Mr.,

Mailing Address 5485 Bethlevew Rd Suite 360

Box 368

Cumming GA 30040

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 678 306 6557

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 Mesriah, Gabe, , Mr.,

Mailing Address 5485 Bethlevew Rd Suite 360

Box 368

Cumming GA 30040

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 678 306 6557

Full Name of Designated Agent: Wiley, Jane, , ,

Mailing Address: 336 Georgia Ave
Suite 206D
North Augusta SC 29841

Title or Position: Treasurer Telephone number: 803 - 426 - 1119

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.

Wells Fargo Bank

Mailing Address: 5772 Buford Hwy
Doraville GA 30340

Name of Bank, Depository, etc.

Mailing Address: