## TO THE PROPERTY OF A STATE OF THE PROPERTY OF

**FEC** FORM 1

## STATEMENT OF **ORGANIZATION**

RECEIVED FEC MAIL CENTER

2021 DEC -2 PH 12: 59

			Office Use Only
1., NAME OF , COMMITTEE (in full)	; (Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
M <sub>I</sub> E <sub>I</sub> R <sub>I</sub> C <sub>I</sub> E <sub>I</sub> R <sub>I</sub> , F <sub>I</sub> Q R <sub>I</sub>	.P.R.E.S.I.D.E.N.T.	<u> </u>	
	<u> </u>		
ADDRESS (number and street)	4 , 9 , 2 , 8 , W, i , n , n , e ,	t k a Street	
(Check if address is changed)	2 6 1 2 T i e w e	s, t, e, r, S,t, H,o,u,s	t o n . Te x a s 7 70 0 4
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COMMITTEE'S E-MAIL ADDRE	SS	·	
☐ ◀ (Check if address is changed)	mercerfpr	e s i d e n t @ao	
	Optional Second E-Mail Add		
is changed)	[h t t p s:// m e f c e		.d e n t l i e t e s t c o m
2. DATE 1 1 2	4 2 0 2 1		
3. FEC IDENTIFICATION N	umber ▶ C		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
I certify that I have examined the	his Statement and to the best	of my knowledge and belief it i	s true, correct and complete.
Type or Print Name of Treasure	er , Lee L. Mercer, Jr.		
Signature of Treasurer	e. T. Mercar	-)DR	Date 1 1 2 4 2 0 2 1
NOTE: Submission of false, erron		may subject the person signing the	is Statement to the penalties of 52 U.S.C. §30109
Office Use		For further information co Federal Election Commissio Toll Free 800-424-9530	EEL. CLIBIN I

FE	C For	m 1 (Revised 02/2009)	Page <b>2</b>
		DMMITTEE	•
		Committee:	• •
(a)	$\times$	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. (Compinformation below.)	olete the candidate
Name of Candida		L,e,e,,L,,M,e,r,c,e,r,,J,r,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>
Candida Party A		On DEM Office Sought: House Senate President	State T X District 1 8
(c)	×	This committee supports/opposes only one candidate, and is NOT an authorized committee.	<del>de sudomblesudo</del> n
Name o Candida		L e e   L  M e r c e r . J r   -	
Party	Com	mittee:	
(d) .	X		Democratic, Republican, etc.) Party.
Politic	cal A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its control of the c	nected 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 secommittee (i.e., nonconnected committee)	gregated 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.)	
Joint	Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number C	
	2.	FEC ID number C	
	3.	FEC ID number C	

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Write or Type Committee Nam	e	
MERCER FOR PRESIDE	NT	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative	e, or Leadership PAC Sponsor
, , , , , , , , , , , , , , , , , , , ,		
Mailing Address		
•	. CITY STATE	ZIP CODE
Relationship: Connecte	nd Organization Affiliated Committee Joint Fundraising Represent	tative Leadership PAC Sponsor
<ul> <li>Custodian of Records: Ide</li> <li>books and records.</li> </ul>	entify by name, address (phone number optional) and position of the	person in possession of committee
Full Name		
Mailing Address		
Title or Position	CITY STATE	ZIP CODE
	Telephone number	
<ol> <li>Treasurer: List the name at any designated agent (e.g.,</li> </ol>	nd address (phone number optional) of the treasurer of the committee assistant treasurer).	e; and the name and address of
Full Name of Treasurer	a, Rille, y, Pein, ta, gon, - S, a, te, I, I, i	t e
Mailing Address		
		<u> </u>
	W <sub>i</sub> a <sub>i</sub> s <sub>i</sub> h <sub>i</sub> i <sub>i</sub> n <sub>i</sub> g <sub>i</sub> t <sub>i</sub> o <sub>i</sub> n <sub>i</sub>     D <sub>i</sub> C	
	CITY STATE	ZIP CODE
Title or Position	rielaisuirieiri il 🗝 👊 17	1,3 - 7,4,1 - 9,6,5,6
. [2]. [3]. [4].	rieja, siu rie rii Telephone number	T.12) - [1111] - [21212]

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	**		
Full Name of Designated Agent  L_e_e_	L. MercerijJr Satelli	ı, t, e	
Mailing Address	[4 9 2 8 Winnnetka Streee	t <u></u>	
		1 1 1	
	H <sub>1</sub> O <sub>1</sub> U <sub>1</sub> S t <sub>1</sub> O <sub>1</sub> N <sub>1</sub> CITY	T_X STATE	ZIP CODE
Title or Position	Telephone nur	mber 7 1	3 ] - [7 , 4, 1] - [9 , 6, 5, 6]
Banks or Other Depositori safety deposit boxes or mair Name of Bank, Depository, of		tee deposits fu	unds, holds accounts, rents
[C <sub>1</sub> h <sub>1</sub> a <sub>1</sub> s	s.e	<u> </u>	
Mailing Address	[PO Box 1,8,2,0,5,1	<u> </u>	
		<u> </u>	
	C1011 u m1 b1 u s	[O,h]	[4 <sub>1</sub> 3 <sub>1</sub> 2 <sub>1</sub> 1 <sub>1</sub> 8] - [2 <sub>1</sub> 0 <sub>1</sub> 5 <sub>1</sub> 1]
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc ,		
Lee	L, M, e, r, c, e, r,, J, r, D, e, p, t ´pf, J, c	ıştı, ç	e Trust Acct.
Mailing Address	Deplarit ment of Justice		
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	W <sub>l</sub> a <sub>i</sub> s <sub>i</sub> h <sub>i</sub> in <sub>i</sub> g <sub>i</sub> to <sub>i</sub> n <sub>i</sub>	DC	2 0 5 1 5 -
-	CITY	STATE	ZIP CODE

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## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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			<del></del>					
5(g) or (h)	. Joint Fundraising	ı Participant:						
	1.	,	111111	FEC	D number	С		
	2.	1 1 1 1 1 1	1 1 1 1 1 1 1	FEC I	D number	C		
	3.	· · · · · · · ·	1 1 1 1 1 1	FEC!	D number	С		
	1	1 1 1 1 1 1		FEC!	D number	Ċ		
6. <b>Na</b> i	me of Any Connected	Organization, Affilia	ated Committee, Joir	nt Fundraising Re	presentativ	e, or Lead	dership PAC Spor	nsor
L		<u> </u>	1	<u> </u>	<u> </u>		<del>                                     </del>	ــــــــــــــــــــــــــــــــــــــ
L				<del>                                     </del>	<u> </u>		1 1 1 1 1	11
	Mailing Address	1						!
	Walling Address				<u> </u>			111
		1	<u> </u>	1	1 1 1	<u> </u>	1 1	
	Relationship:		CITY A	<u> </u>	STATE A	<u> </u>	ZIP CODE ▲	<u></u>
	Connected	l Organization	Affiliated Committee	oint Fundraisii	ng Represen	tative	Leadership PAC S	Sponsor
8. <b>Des</b>	signated Agent: Identify  Full Name	by name, address	(phone number – opt	ional)	<u> </u>			<u></u>
	Mailing Address			<u> </u>	1 1 1 1		1 1 1 1 1	
			<u> </u>			111	<u> </u>	
			1 1 1 1 1 1					<u></u>
	TITLE OR POSITION	▼	CITY A		STATE A		ZIP CODE ▲	
				Telephone	Number _		<u> </u>	1
						<u>,</u>	·	
9. <b>Ba</b>	nks or Other Depositor ety deposit boxes or ma	ries: List all banks d	or other depositories	in which the comm	nittee depos	its funds, I	nolds accounts, re	nts
	me of Bank, pository, etc.					111	<u> </u>	1 1
	Mailing Address							
			1 ! 1 ! 1 ! 1			<u> </u>	<u> </u>	11
			<u> </u>	<u> </u>				1 1
ı			CITY A		STATE A		ZIP CODE ▲	

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Federal Election Commission 1050 First Street, M.E.

Washington, Dic. 20463

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(3/2015)