Only

## STATEMENT OF

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**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Felts For Congress 314 East Nakoma ADDRESS (number and street) Suite N (Check if address is changed) San Antonio 78216 TX CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS admin@votefelts.com (Check if address is changed) Optional Second E-Mail Address michael.felts@outlook.com COMMITTEE'S WEB PAGE ADDRESS (URL) facebook.com/pg/feltsforcongress (Check if address is changed) DATE 30 2019 C00695361 FEC IDENTIFICATION NUMBER > 3. X 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. Salzburg-Felts, Kevin, Martin Prcin, Mr, Type or Print Name of Treasurer Salzburg-Felts, Kevin, Martin Prcin, Mr, [Electronically Filed] 06 07 2019 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

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TYPE O	F COMMITTEE	
Candid	ate 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. (Complinformation below.)	ete the candidate
Name of Candidat	Felts, Michael, Joseph, Mr,	
Candidat		State
Party Aff	liation IND Sought: X House Senate President	District 21
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidat	e <u>                                     </u>	
Party C	Committee:	
(d)		Democratic, epublican, etc.) Party.
Politica	l Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.	ected 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 segrommittee. (i.e., nonconnected committee)	regated 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 Fu	undraising 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.	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.	or more political
С	ommittees Participating in Joint Fundraiser	
1	FEC ID number	
2	FEC ID number	
3	.	
4	.	

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Write or Type Committee Nam	ne	<u> </u>
Felts For Cong	ress	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	ership PAC Sponsor
NONE		
Mailing Address		
, and the second		
	CITY STATE	ZIP CODE
		Leadership PAC Sponsor
Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the person in	possession of committee
Salzburg- Full Name	-Felts, Kevin, Martin Prcin, Mr,	
Mailing Address	1810 Flowerdale St	
,		
	San Antonio TX 7823.	2
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 210 —	998 - 0558
Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	name and address of
Full Name Salzburg- of Treasurer	Felts, Kevin, Martin Prcin, Mr,	
Mailing Address	1810 Flowerdale St	
	San Antonio     TX     78232	
	CITY STATE	ZIP CODE

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Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
Banks or Other Depo safety deposit boxes or	or maintains funds.	
safety deposit boxes of Name of Bank, Deposi		
safety deposit boxes of Name of Bank, Deposi	ypal	
safety deposit boxes of Name of Bank, Deposi	ypal	95131
safety deposit boxes of Name of Bank, Deposi	ypal  2211 North First Street	95131
safety deposit boxes of Name of Bank, Deposi	San Jose  CITY  STATE	
safety deposit boxes of Name of Bank, Deposition Pay	San Jose  CITY  STATE	
safety deposit boxes of Name of Bank, Deposition Pay	San Jose  CITY  STATE	
Name of Bank, Deposi  Mailing Address  Name of Bank, Deposi	San Jose  CITY  STATE	
Name of Bank, Deposi  Mailing Address  Name of Bank, Deposi	San Jose  CITY  STATE	