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| FEC FORM 1 | | STATEM! ORGANI | _ | | ' |
|-----------------------------|-----------------|----------------------------|--|----------------------|---------------------------------|
| 1. NAME OF | | (Check if name | Example:If typing, type | | office Use Only |
| COMMITTEE (in | full) | is changed) | over the lines. | 12FE4M5 | |
| Christian Le | eNeil F | lernandez For | Congress | | |
| | | | | | |
| ADDRESS (number and street) | | 6002 Auburndale AVE #D | | | |
| (Check if a is changed | | | | | |
| - | | Dallas CITY ▲ | | TX 752 STATE ▲ | 205 ZIP CODE ▲ |
| | | - | | SIAIL | ZIF CODE |
| COMMITTEE'S E-MA | | SS ,michaelcarpenter229 | 04@amail.com | | |
| | | michaeicarpenterzz | 94@gmaii.com | | |
| | | Optional Second E-Mail | Address | | |
| | | | | | |
| (Check if a is changed | | | | | |
| 2. DATE 0 | | | | | |
| 3. FEC IDENTIFIC | CATION NU | MBER ▶ C | C00650937 | | |
| 4. IS THIS STATEM | MENT X | NEW (N) OR | AMENDED (A) | | |
| I certify that I have e | xamined th | is Statement and to the b | est of my knowledge and belief it | is true, correct and | d complete. |
| Type or Print Name of | of Treasurer | Carpenter, Michael, , , | | | |
| Signature of Treasure | er <i>Carpe</i> | nter, Michael, , , | [Electronically Filed] | Date 07 | 19 2017 |
| NOTE: Submission of | | | ion may subject the person signing the ATION SHOULD BE REPORTED W | | penalties of 2 U.S.C. §437g. |
| Office Use Only | | | For further information of Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100 | | FEC FORM 1 (Revised 06/2012) |

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|--------------|----------------------|--|--------------------------|
| | | COMMITTEE | |
| (a) | x | 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.) | lete the candidate |
| Name Cand | e of lidate | Hernandez, Christian, , , | |
| | lidate Affiliatio | on DEM Office Sought: X House Senate President | State TX District 09 |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Name Cand | e of lidate | | |
| Parl | ty Con | nmittee: (National, State | Democratic, |
| (d) | | , , , | epublican, etc.) Party. |
| Poli | tical A | ction Committee (PAC): | |
| (e) | | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn | 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 seg committee. (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.) | |
| Join | t Fund | Iraising 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. | or more political |
| | Com | mittees Participating in Joint Fundraiser | |
| | 1. | FEC ID number C | |
| | 2. | FEC ID number | |
| | 3. | | |
| | 4. | | |

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| Write or Type Committee Name | | |
| Christian LeNei | l Hernandez For Congress | |
| 6. Name of Any Connected O | Organization, Affiliated Committee, Joint Fundraising Representative, or Leade | ership PAC Sponsor |
| NONE | <u> </u> | |
| | | |
| Mailing Address | | |
| | | |
| | | |
| | CITY STATE | ZIP CODE |
| Relationship: Connected | d Organization Affiliated Committee Joint Fundraising Representative | Leadership PAC Sponsor |
| . Custodian of Records: Iden books and records. | nitify by name, address (phone number optional) and position of the person in p | cossession of committee |
| Carpenter, | Michael, , , | 1 |
| Mailing Address | 5707 Spring Creek Drive | |
| Mailing Address | | |
| | Tyler TX 75703 | |
| Title or Position | CITY STATE | ZIP CODE |
| Treasurer | | 969 3257 |
| B. Treasurer: List the name and any designated agent (e.g., a | d address (phone number optional) of the treasurer of the committee; and the assistant treasurer). | name and address of |
| Full Name Carpenter, of Treasurer | Michael, , , | |
| Mailing Address | 5707 Spring Creek Drive | |
| | | |
| | Tyler TX75703 | |
| Title or Position Treasurer | CITY STATE Telephone number 903 - | ZIP CODE 969 - 3257 |
| <u> </u> | Telephone number | |

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| | | |
| Full Name of Designated Agent | | |
| Mailing Address | | |
| | | |
| | CITY STATE | ZIP CODE |
| Title or Position | | |
| | Telephone number | |
| | | |
| safety deposit bo | Depositories: List all banks or other depositories in which the committee deposits funds, ho oxes or maintains funds. | ius accounts, rents |
| | oxes or maintains funds. | ius accounts, rents |
| safety deposit bo Name of Bank, [| oxes or maintains funds. Depository, etc. American State Bank | ius accounts, rents |
| safety deposit bo Name of Bank, [| oxes or maintains funds. Depository, etc. American State Bank | |
| safety deposit bo Name of Bank, [| Depository, etc. American State Bank 5202 Old Jacksonville Hwy | |
| safety deposit bo Name of Bank, [| Depository, etc. American State Bank 5202 Old Jacksonville Hwy Tyler TX TX 75703 | |
| safety deposit bo Name of Bank, [Mailing Address | Depository, etc. American State Bank 5202 Old Jacksonville Hwy Tyler TX TX 75703 | |
| safety deposit bo Name of Bank, [Mailing Address | Depository, etc. American State Bank 5202 Old Jacksonville Hwy Tyler CITY STATE Depository, etc. | |
| safety deposit bo Name of Bank, [Mailing Address Name of Bank, [| Depository, etc. American State Bank 5202 Old Jacksonville Hwy Tyler CITY STATE Depository, etc. | |
| safety deposit bo Name of Bank, [Mailing Address Name of Bank, [| Depository, etc. American State Bank 5202 Old Jacksonville Hwy Tyler CITY STATE Depository, etc. | |