Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) The Committee to Elect Chris Manning 4124 US Hwy 64 ADDRESS (number and street) (Check if address is changed) Kirtland 87417 NM CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS chrismanning10@hotmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) https://chrismanningforcongress.nationbuilder.com/ (Check if address is changed) DATE 2018 C00688671 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. Manning, Christopher, , , Type or Print Name of Treasurer Manning, Christopher, , , [Electronically Filed] 80 12 2020 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

FEC Form 1 (Revised 02/2009)	Page 2
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 information below.)	e. (Complete the candidate
Name of Candidate Manning, Christopher, , ,	
Candidate Office Party Affiliation LIB Sought: X House Senate Presi	State
Party Affiliation LIB Sought: X House Senate Presi	dent District 03
(c) This committee supports/opposes only one candidate, and is NOT an authorized commi	ttee.
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 sepacommittee. (i.e., nonconnected committee)	arate segregated 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 Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proceed committees/organizations, at least one of which is an authorized committee of a federal can	•
(h) This committee collects contributions, pays fundraising expenses and disburses net proceed committees/organizations, none of which is an authorized committee of a federal candidate.	ds for two or more political
Committees Participating in Joint Fundraiser	
1. FEC ID number	
2.	
3.	
4.	

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Write or Type Committee Name	. ago o
The Committee to Elect Chris Manning	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundrais	uising Representative, or Leadership PAC Sponsor
NONE	
Mailing Address	
CITY	STATE ZIP CODE
Relationship: Connected Organization Affiliated Committee Joint Fu	Fundraising Representative Leadership PAC Sponsor
 Custodian of Records: Identify by name, address (phone number optional) books and records. 	and position of the person in possession of committee
Manning, Christopher, , ,	
Full Name406 Road 6100	
Mailing Address	
, Kirtland	, NM , 87417
Title or Position CITY	STATE ZIP CODE
	phone number 480 - 980 - 5791
3. Treasurer: List the name and address (phone number optional) of the treasurany designated agent (e.g., assistant treasurer).	surer of the committee; and the name and address of
Full Name Manning, Christopher, , , of Treasurer	
Mailing Address 406 Road 6100	
Kirtland	NM 87417
CITY Title or Position	STATE ZIP CODE
	phone number 480 980 5791

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit boxes Name of Bank, Depo	ository, etc.	inds, riolds decounts, rents
safety deposit boxes Name of Bank, Depo	vells Fargo Bank	
safety deposit boxes Name of Bank, Depo	or maintains funds. ository, etc. Vells Fargo Bank	87401
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