FEC

Only

STATEMENT OF

PAGE 1 / 4

ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Etwop For Congress PO Box 7438 ADDRESS (number and street) (Check if address is changed) Spring 77387 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address metwop@gmail.com is changed) Optional Second E-Mail Address info@martinetwop.com COMMITTEE'S WEB PAGE ADDRESS (URL) martinetwop.com (Check if address is changed) DATE 2021 C00788117 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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 ETWOP, Martin, King, ETWOP, Martin, King,, Date 06 25 2024 Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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 03/2022)	Page 2				
TYPE OF COMMITTEE:					
Candidate 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. (Complete the candidate information below.)					
Name of Candidate Etwop, Martin, King, ,					
Candidate Party Affiliation REP Office Sought: House Senate President	State TX				
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District 02				
Name of Candidate					
Party Committee:					
(d) This committee is a (National, State or subordinate) committee of the Republican,	c, , etc.) Party				
Political Action Committee (PAC):					
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:				
Corporation Corporation w/o Capital Stock Labor C	Organization				
Membership Organization Trade Association Coopera	ative				
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.)					
(g) This committee is an independent expenditure-only political committee (Super PAC).					
In addition, this committee is a Lobbyist/Registrant PAC.					
(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PA	AC).				
In addition, this committee is a Lobbyist/Registrant PAC.					
Joint Fundraising Representative:					
(i) 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.	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.				
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					
1C					
C					

	FEC Form 1 (Revised 0	2/2009)	 Page 3
٧	/rite or Type Committee Name	·	
	Etwop For Cong	ess	
6.	-	ganization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor
	NONE		
	Mailing Address		
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Representation	ative Leadership PAC Sponsor
7.	Custodian of Records: Identi	y by name, address (phone number optional) and position of the person	n in possession of committee
	ETWOP, M	ortin King	
	Full Name	aruri, Kirig, ,	
	Mailing Address	9856 Preserve Way	
			1
		Conroe	77385
		OTTY A	7ID 00DE A
	Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
	Treasurer	Telephone number	323 - 423 - 0020
8.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee ssistant treasurer).	; and the name and address of
		artin, King, ,	ı
	of Treasurer	19856 Preserve Way	
	Mailing Address		
		Conroe	77385
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	323 - 423 - 0020

FEC Form 1	(Revised 02/2009)		Page 4		
	(11001000 02/2000)		1 490 1		
Full Name of Designated	I		1		
Agent					
Mailing Address					
Tills and Decilion		STATE A	ZIP CODE ▲		
Title or Position					
	Telephone number	er			
Panka ar Othar	Denocitorica, List all banks or other denocitorics in which the committee	denocite fundo, hold	a accounts rents		
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, D	epository, etc.				
	Regions Bank				
Mailing Address	10100 Highway 242				
ū					
	Conroe	TX 77385			
	CITY ▲ S	L_ TATE ▲	ZIP CODE ▲		
	OIT A		ZIF CODE A		
Name of Bank, Depository, etc.					
Mailing Address					
	CITY ▲ S	TATE ▲	ZIP CODE ▲		