Only

PAGE 1 / 4 =

FEC FORM 1		_	RGAN		ON					(	Office I	Use O	nlv			•
1. NAME OF COMMITTEE (ir	n full)		Check if nams changed)		cample: If ty	/ping, type s.		12F	E4M		Jillioc V	330 0	iny .			_
Hanke for 7	Γexas		- , 		1 1 1 1				1 1	ı						
ADDRESS (number and street)  (Check if address is changed)		P.O. Box	324							ı						
		Leander Cl	TY 🛦					TX STAT	_ E 🛦	_ <sup>78</sup>	646	Z	- IP C0	DDE 4		
COMMITTEE'S E-MA	AIL ADDRI	ESS														
(Check if a is changed		info@h	ankefortexa	as.com												
	/	Optional	Second E-Ma	ail Address												1
COMMITTEE'S WEB  (Check if a is changed)	address	,	RL) kefortexas.cor	m 												
2. DATE 0		D / Y	2019													
3. FEC IDENTIFIC	CATION N	UMBER >		C00710	467											
4. IS THIS STATEM	MENT	NEW	(N) <b>O</b>	R	<b>x</b> AM	ENDED (A	)									
certify that I have e	examined	this Stateme	nt and to the	best of my	knowledg	e and belie	ef it is	true,	corre	ct an	d cor	nplete	∋.			
Type or Print Name	of Treasur	er Dial, Vic	ki, , ,													
Signature of Treasure	er <i>Dial</i>	, Vicki, , ,			[Electron	ically Filed]	D	ate	M	11	/ D	02	/	20	19	Y
NOTE: Submission of	false, error		omplete inform	-		_	-				e pen	alties	of 2	U.S.C	. §43	7g.
Office Use					Federal E	er information	nission	act:					OR d 06/2	<b>IM 1</b> 2012)		_

Toll Free 800-424-9530

Local 202-694-1100

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		rm 1 (Revised 02/2009)	Page <b>2</b>
		OMMITTEE • 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. (Cor information below.)	nplete the candidate
Name Cand		Hanke, Eric, , ,	
Cand Party	idate Affiliatio	on DEM Office Sought: X House Senate President	State TX District 31
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Part	y Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Polit	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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 s committee. (i.e., nonconnected committee)	egregated 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	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate	
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Nar		<u> </u>
Hanke for Tex	as	
	Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	dership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connect	ted Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
. Custodian of Records: Id books and records.	lentify by name, address (phone number optional) and position of the person in	n possession of committee
Full Name		
Mailing Address		
Title or Position	CITY STATE	ZIP CODE
	Telephone number	
3. <b>Treasurer:</b> List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; and th , assistant treasurer).	e name and address of
Full Name Dial, Victor of Treasurer	ki, , ,	
Mailing Address	1011 Harness Ln	
	Richardson TX 7500	81 ZIP CODE
Title or Position	214	1 356 <sub>1 1</sub> 8791 <sub>1</sub>
	Telephone number	

FEC <b>Form</b>	<b>1</b> (Revised 02/2009)	Page <b>4</b>
Full Name of Designated		, , , , , , , , , , , , , , , , , , ,
Agent		
Mailing Address		
	CITY STATE Z	IP CODE
Title or Position		1 1
	Telephone number	
Mailing Address	Bank of America  624 S Austin Ave  Georgetown  TX   78626	
	CITY STATE Z	
		ZIP CODE
Name of Bank, I	Depository, etc.	IP CODE
Name of Bank, I	Depository, etc.	IP CODE
Name of Bank, I	Depository, etc.	IP CODE
	Depository, etc.	IP CODE
	Depository, etc.	IP CODE