Only

STATEMENT OF

PAGE 1 / 4

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. Kellen For Congress 10223 Broadway Street ADDRESS (number and street) Suite P. #229 (Check if address is changed) Pearland 77584 TX CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS kellen@peoplecampaign.org (Check if address is changed) Optional Second E-Mail Address stephen@peoplecampaign.org COMMITTEE'S WEB PAGE ADDRESS (URL) www.peoplecampaign.org (Check if address is changed) DATE 2018 C00671131 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. Sweny, Stephen, Merrit, Mr., Type or Print Name of Treasurer Sweny, Stephen, Merrit, Mr., [Electronically Filed] 02 23 2018 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 Fo	rm 1 (Revised 02/2009)	Page 2		
TYPE OF COMMITTEE Candidate Committee:				
	: 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. (Cominformation below.)	plete the candidate		
Name of Candidate	Sweny, Sara, Kellen, Mrs.,			
Candidate	On IND Office Sought: X House Senate President	State		
Party Affiliation	on IND Sought: X House Senate President	District 22		
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.			
Name of Candidate				
Party Con				
(d)		(Democratic, Republican, etc.) Party.		
Political A	ction Committee (PAC):			
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected 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 se committee. (i.e., nonconnected committee)	gregated 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 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.	o or more political		
Com	mittees Participating in Joint Fundraiser			
1.	FEC ID number			
2.	FEC ID number			
3.	FEC ID number			
4.				

FFC Form 1 (Deviced C	(2(2000)	Dama 3
FEC Form 1 (Revised 0 Write or Type Committee Name		Page 3
Kellen For Cong		
	rganization, Affiliated Committee, Joint Fundraising Representative, or Lead	orchin DAC Sponsor
•		ership FAC Sporisor
The People's Campaig	n 	
Mailing Address	10223 Broadway Street	
•	Suite P, #229	
	Pearland TX 77584	4
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee X Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: Identification books and records. 	tify by name, address (phone number optional) and position of the person in	possession of committee
Sweny, Ste	ephen, Merrit, Mr.,	1
	10223 Broadway Street	
Mailing Address	Suite P, #229	
	Pearland TX 7758	4
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 281 —	734 - 1083
3. Treasurer: List the name and any designated agent (e.g., a	l address (phone number optional) of the treasurer of the committee; and the ssistant treasurer).	name and address of
	phen, Merrit, Mr.,	1
of Treasurer	10223 Broadway Street	
Mailing Address	Suite P, #229	
	Pearland	4 1 1
	CITY STATE	ZIP CODE
Title or Position Treasurer	Telephone number 281 –	734 - 1083

	rm 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	Sweny, Sara, Kellen, Mrs.,	
Mailing Address	10223 Broadway Street	
	Suite P, #229	
	Pearland TX 77584 CITY STATE	ZIP CODE
Title or Position Candidate	Telephone number 281 –	702 - 4825
safety deposit b	er Depositories: List all banks or other depositories in which the committee deposits funds, holo poxes or maintains funds. Depository, etc.	ds accounts, rents
	Bank of America Corporate Center	
Mailing Address	100 North Tryon Street	
Mailing Address	100 North Tryon Street	
Mailing Address	100 North Tryon Street	
Mailing Address	100 North Tryon Street	ZIP CODE
	Charlotte NC 28255	ZIP CODE
	Charlotte NC 28255 CITY STATE	ZIP CODE
	Charlotte CITY STATE Depository, etc.	ZIP CODE
Name of Bank,	Charlotte CITY STATE Depository, etc.	ZIP CODE
Name of Bank,	Charlotte CITY STATE Depository, etc.	ZIP CODE