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) is changed) over the lines. TELLURIAN INC PAC 1201 LOUISIANA STREET, SUITE 3100 ADDRESS (number and street) (Check if address is changed) HOUSTON 77002 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS JONATHAN.SEELEY@TELLURIANINC.COM (Check if address is changed) Optional Second E-Mail Address TELLURIAN@REDCURVE.COM COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2023 C00635516 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. SEELEY, JONATHAN, , MR., Type or Print Name of Treasurer SEELEY, JONATHAN, , MR., [Electronically Filed] 01 12 2023 Signature of Treasurer Date 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

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. TYPE OF COMMITTEE:				
Candidate Committee:				
(a) This committee is a principal campaign committee. (Co	omplete the candidate information below.)			
(b) This committee is an authorized committee, and is NC information below.)	OT a principal campaign committee. (Complete the candidate			
Name of Candidate				
Candidate Office Party Affiliation Sought: Hou	State Senate President District			
(c) This committee supports/opposes only one candidate,	and is NOT an authorized committee.			
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. (Identif	y connected organization on line 6.) Its connected organization is a			
X Corporation Corpo	ration w/o Capital Stock Labor Organization			
	Association Cooperative			
In addition, this committee is a Lobbyist/Reg	istrant PAC.			
(f) This committee supports/opposes more than one Federal committee. (i.e., nonconnected committee)	eral candidate, and is NOT a separate segregated fund or party			
In addition, this committee is a Lobbyist/Reg	istrant PAC.			
In addition, this committee is a Leadership F	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/Reg	istrant PAC.			
(h) This committee is a political committee with both cont	ribution and non-contribution accounts (Hybrid PAC).			
In addition, this committee is a Lobbyist/Reg	istrant PAC.			
Joint Fundraising Representative:				
(i) This committee collects contributions, pays fundraising committees/organizations, at least one of which is an	expenses and disburses net proceeds for two or more political 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				
1. [C			
- 1	C			

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W	/rite or Type Committee Name		
	TELLURIAN IN	C PAC	
6.	ship PAC Sponsor		
	TELLURIAN INC		
	Mailing Address	1201 LOUSIANA STREET	
		SUITE 3100	
		HOUSTON TX 77002	1 - 1 1
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: X Connected	Organization Affiliated Organization Joint Fundraising Representative	Leadership PAC Sponso
	_		
7.	Custodian of Records: Identification books and records.	fy by name, address (phone number optional) and position of the person in possess	sion of committee
	CRATE, BR	ADLEY, T., MR.,	
	Full Name		
	Mailing Address	138 CONANT ST	
		SUITE 401	
		BEVERLY MA 01915	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	CUSTODIAN OF RECORDS		303 - 6800
8.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; and the nassistant treasurer).	ame and address of
	T dil Ttallio	DNATHAN, , MR.,	
	of Treasurer		
	Mailing Address	9007 DELTA PLACE CT	
		MISSOURI CITY TX 77459	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	TREASURER	Telephone number 832 =	962 - 4042

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FEC Form 1 Full Name of Designated Agent Mailing Address	CRATE, BRADLEY, T., , 138 CONANT STREET SUITE 401 BEVERLY		1915			
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲			
CUSTODIAN OF	RECORDS Teleph	none number 617	303 6800			
	Depositories: List all banks or other depositories in which the exes or maintains funds.	committee deposits funds	, holds accounts, rents			
Name of Bank, [Name of Bank, Depository, etc.					
CHAIN BRIDGE BANK						
Mailing Address	1445 LAUGHLIN AVE					
	MCLEAN	VA 22	2101			
	CITY ▲	STATE ▲	ZIP CODE ▲			
Name of Bank, Depository, etc.						
Mailing Address						
	CITY A	STATE ▲	ZIP CODE ▲			