PAGE 1/9

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. DAN CRENSHAW FOR CONGRESS PO Box 430965 ADDRESS (number and street) (Check if address is changed) **HOUSTON** 77243 TX CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS dancrenshaw@pdscompliance.com (Check if address is changed) Optional Second E-Mail Address admin@pdscompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) https://www.crenshawforcongress.com/ (Check if address is changed) DATE 09 2021 C00660795 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. Kilgore, Paul, , , Type or Print Name of Treasurer Kilgore, Paul, , , [Electronically Filed] 10 13 2021 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. FEC FORM 1 (Revised 06/2012)

Office			For further information contact:
Use			Federal Election Commission
			Toll Free 800-424-9530
Only			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. (Con information below.)	nplete the candidate
Name of Crenshaw, Daniel, , Lt Cdr, Ret	
Candidate Party Affiliation REP Office Sought: House Senate President	State TX District 02
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	
(Mational, 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 con-	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 so 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 Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for to 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
Committees Participating in Joint Fundraiser	
1. FEC ID number	
2.	
3. FEC ID number C	
4. FEC ID number C	

I		
FEC Form 1 (Revised		Page 3
Write or Type Committee Nam		
DAN CRENSH	AW FOR CONGRESS	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representati	ve, or Leadership PAC Sponsor
DAN CRENSHAW VI	CTORY COMMITTEE	
Mailing Address	824 S MILLEDGE AVE STE 101	
	ATHENS	30605
	CITY STATE	ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee	entative Leadership PAC Sponsor
 Custodian of Records: Idea books and records. 	entify by name, address (phone number optional) and position of the	e person in possession of committee
Kilgore, F	Paul, , ,	1
Full Name	,824 S Milledge Ave Ste 101	
Mailing Address		
	Athens	30605
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	706 534 7780
Treasurer: List the name an any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committ assistant treasurer).	ee; and the name and address of
Full Name Kilgore, P	Paul, , ,	
Mailing Address	824 S Milledge Ave Ste 101	
	Athens GA CITY STATE	30605 7IB CODE
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	706 - 534 - 7780

	(Revised 02/2009)		Page 4
Full Name of Designated Agent	renshaw, Tara, , ,		
Mailing Address	PO BOX 691325		
	Houston	TX STATE	77269-1325 ZIP CODE
Title or Position Assistant Treasurer	r Telephone no	umber	
Banks or Other Department of Bank, Department		ittee deposits fund	ds, holds accounts, rents
<u>P</u>	Prosperity 7044 Long Rejet Rd		
Mailing Address	7811 Long Point Rd		
	Houston	TX 1	
			77055
	CITY	STATE	77055
Name of Bank, Depo			
	vells Fargo		
	pository, etc.		
<u> </u> W	vells Fargo	STATE	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017) for Lines 5(g) or (h), 6, 8 and

h). Joint Fundraisi n	g Faiticipant.		0
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2.		FEC ID number	C
3.		FEC ID number	С
4		FEC ID number	С
ame of Any Connected TEXAS RELOAD	Organization, Affiliated Committee, Joint Fundra	nising Representative	e, or Leadership PAC Spon
TEXAS RELUAD			
Mailing Address	5900 MEMORIAL DR STE 215		
	HOUSTON	TX	77007
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connected	d Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC S
	d Organization Affiliated Committee Joint y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identify		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name Mailing Address	y by name, address (phone number – optional)		Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional) CITY		
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor defety deposit boxes or mailing ame of Bank, Capita	y by name, address (phone number – optional) CITY Tel ries: List all banks or other depositories in which t	STATE A	ZIP CODE A
Full Name	y by name, address (phone number – optional) CITY CITY Tel ries: List all banks or other depositories in which taintains funds.	STATE A	ZIP CODE A
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Full Name	y by name, address (phone number – optional) CITY CITY Tel ries: List all banks or other depositories in which taintains funds. I One Bank	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

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OX 30844 HESDA	FEC ID nu	mber C	dership PAC Sponsor
OX 30844 HESDA	Fundraising Represe		idership PAC Sponsor
OX 30844 HESDA		entative, or Lea	ndership PAC Sponsor
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OITY A		MD 208	324
CITY A	ST	ATE 🛦	ZIP CODE ▲
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e, address (phone number – optio	nal)		
CITY A			ZIP CODE A
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	city A	CITY A STAT	

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	С
2.	. [FEC ID number	С
3.			FEC ID number	C
4.			FEC ID number	C
	•	Organization, Affiliated Committee, Joint Fundraisi	ng Representative	e, or Leadership PAC Sponsor
A	AKE BACK THE	HOUSE 2022		
		PO BOX 30844		
	Mailing Address			
		BETHESDA	MD	20824-0844
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	gnated Agent: Identify	by name, address (phone number – optional)	1 1 1 1 1	
Fı		by name, address (phone number – optional)		
Fı	ull Name	by name, address (phone number – optional)		
Fı	ull Name	by name, address (phone number – optional)		
Fu	ull Name	CITY A	STATE A	ZIP CODE A
Fu	ull Name	CITY A	STATE A	ZIP CODE A
Fu M Banks safety Name	ull Name	CITY CITY Telepi ies: List all banks or other depositories in which the ntains funds. Cank & Trust 2234 W Broad St	committee deposit	s funds, holds accounts, rents
Fu M Banks safety Name	Italing Address TITLE OR POSITION s or Other Depositor deposit boxes or main and the state Best of Bank, sitory, etc.	CITY CITY Telepi ies: List all banks or other depositories in which the ntains funds. cank & Trust	hone Number	

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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3.	
As an e of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PACTAYLOR CRENSHAW COMMITTEE Mailing Address	
TAYLOR CRENSHAW COMMITTEE Mailing Address 1900 PRESTON RD #267 PMB 229 PLANO Relationship: CITY ▲ STATE ▲ ZIP CODE connected Organization	
TAYLOR CRENSHAW COMMITTEE Mailing Address 1900 PRESTON RD #267 PMB 229 PLANO Relationship: CITY ▲ STATE ▲ ZIP CODE connected Organization	
Mailing Address #267 PMB 229 PLANO Relationship: CITY ▲ STATE ▲ ZIP CODE Connected Organization Affiliated Committee Joint Fundraising Representative Leadership resignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE Telephone Number — Title OR Position Telephone Number — American State Telephone Number — American State Telephone Number — Telephone	; Spon
Mailing Address #267 PMB 229 PLANO Relationship: CITY ▲ STATE ▲ ZIP CODE Connected Organization Affiliated Committee Joint Fundraising Representative Leadership Leadership Full Name Mailing Address CITY ▲ STATE ▲ ZIP CODE Title OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE Telephone Number Telephone Number Telephone Number Telephone Number Telephone Number POBox 27459	
Mailing Address #267 PMB 229 PLANO Relationship: CITY ▲ STATE ▲ ZIP CODE Connected Organization Affiliated Committee Joint Fundraising Representative Leadership Leadership Full Name Mailing Address CITY ▲ STATE ▲ ZIP CODE Title OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE Telephone Number Telephone Number Telephone Number Telephone Number PO Box 27459	
#267 PMB 229 PLANO CITY ▲ STATE ▲ ZIP CODE Connected Organization Affiliated Committee Joint Fundraising Representative Leadership esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address CITY ▲ STATE ▲ ZIP CODE TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE Telephone Number – — anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accountately deposit boxes or maintains funds. ame of Bank, epository, etc. PO Box 27459	
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epository, etc. PO Box 27459	
Mailing Address PO Box 27459	
Houston TX 77227 _	

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

5(g) or (h). Jo	oint Fundraising	Participant:				
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3. 🔟		<u> </u>		FEC ID	number	C
4				FEC ID	number	C
6. Name of A	ny Connected	Organization, Affilia	ated Committee, Joint I	Fundraising Rep	resentative	e, or Leadership PAC Sponsor
Mailin	ng Address					1 1 1 1 1 1 1
		1		I	1 . 1	1
Relati	ionship:		CITY A		STATE A	ZIP CODE ▲
	Connected	Organization	Affiliated Committee	Joint Fundraising	Representa	tive Leadership PAC Sponso
3 Designated	Agent: Identify	hy name address	(nhone number – ontion	al)		
8. Designated Full Nar		by name, address	(phone number – option	al)	1 1 1	
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