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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. Mark Bauer for Congress 301 Cosbie Dr ADDRESS (number and street) (Check if address is changed) Irving 75063 TX CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS bauerforcongress@gmail.com (Check if address is changed) Optional Second E-Mail Address mbauer.andrew@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) bauerfortexas.com (Check if address is changed) DATE 2019 C00731570 FEC IDENTIFICATION NUMBER > 3. 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. Bauer, Connie, , , Type or Print Name of Treasurer Bauer, Connie,,, [Electronically Filed] 12 18 2019 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

Only

FE(C For	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE Committee:	
(a)	x	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b) Name c		This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.) Bauer, Mark, Andrew1,	plete the candidate
Candida	ate		
Candida Party A		on IND Office Sought: X House Senate President	State TX District 24
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name o			
Party	Com	mittee: (National, State	(Democratic,
(d)		· · ·	Republican, etc.) Party.
Politic	al 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 F	und	raising 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
(Comi	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 I	Name	-
Mark Bauer f	or Congress	
	ted Organization, Affiliated Committee, Joint Fundraising Representative, or L	eadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
	Affiliated Committee Joint Fundraising Representative I dentify by name, address (phone number optional) and position of the person	Leadership PAC Sponsor
books and records.	. Identity by hame, address (prione humber optional) and position of the person	in possession of committee
Baue Full Name	er, Connie, , ,	
Mailing Address	2812 Ironwood Dr	
Mailing Address		
	Grand Prairie TX 7	5052
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 972	_ 816 _ 2337
. Treasurer: List the nam any designated agent (e	ne and address (phone number optional) of the treasurer of the committee; and e.g., assistant treasurer).	the name and address of
Full Name Bauer of Treasurer	r, Connie, , ,	
Mailing Address	2812 Ironwood Dr	
	Grand Prairie TX 7	5052
Title or Position	CITY STATE	ZIP CODE
Treasurer	972 	_ 816 _ 2337

FEC Form 1 (R	Revised 02/2009)	Page 4
Full Name of		
Designated Agent		
Mailing Address		
	CITY ST	TATE ZIP CODE
Title or Position		
	Telephone number	r
safety deposit boxes or Name of Bank, Deposi	itory, etc.	
safety deposit boxes or Name of Bank, Deposi	r maintains funds.	TX 75052
safety deposit boxes of Name of Bank, Deposi	r maintains funds. itory, etc. 3051 W Camp Wisdom Rd Grand Prairie	TX
safety deposit boxes of Name of Bank, Deposition Management Medium Mailing Address	r maintains funds. sitory, etc. SISSEMBLE FARGO 3051 W Camp Wisdom Rd Grand Prairie CITY SI	
safety deposit boxes of Name of Bank, Deposi	r maintains funds. sitory, etc. SISSEMBLE FARGO 3051 W Camp Wisdom Rd Grand Prairie CITY SI	TX
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