Image# 202109279466983598

Only

STATEMENT OF

PAGE 1/5 =

FEC FORM 1		OI	RGAN	IZATI	NC					Office	e Use C	Only			
NAME OF COMMITTEE (ir	n full)		Check if name changed)		mple:If typ		1	2FE	4M5			,			_
Friends of I	Mike						<u> </u>				<u> </u>		<u> </u>	<u> </u>]
		6294 FM 2	228]
ADDRESS (number a	nd street)	029411012	_												
【		Grapeland	d TY 🛦				J [TX TATE		75844			ODE A]
COMMITTEE'S E-MA	AIL ADDRES	SS													
(Check if a is changed		michael	leephilips@	yahoo.co	m 										
		Optional S michae	Second E-Ma elleephilips	il Address s@me.co	m										
COMMITTEE'S WEB (Check if a is changed	address		L) ohilips.com]
2. DATE 0	9 27		Y Y Y Y 2021												
3. FEC IDENTIFIC	CATION NU	MBER ▶	C	C007899	90										
4. IS THIS STATEM	MENT X	NEW ((N) O I	R	AME	NDED (A))								
I certify that I have e	examined thi	s Statemer	nt and to the	best of my	knowledge	and belie	efitis t	rue, co	orrect	and c	omplet	e.			
Type or Print Name	of Treasurer	Driggers,	Jenny, , ,												_
Signature of Treasure	er <i>Drigge</i>	ers, Jenny, , ,			[Electronic	cally Filed]	Da	te	м - м 09	/	27] ′ [y y 202]
NOTE: Submission of			mplete inform							the pe	nalties	of 2	U.S.C.	§437g	
Office Use					Federal Ele	r informatio ection Comm 00-424-9530	nission	ct:			EC I				- 1

Toll Free 800-424-9530

Local 202-694-1100

	-	1 (7)	5 0
		rm 1 (Revised 02/2009)	Page 2
		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. (Con information below.)	nplete the candidate
Nam Cand	e of didate	Philips, Mike, , ,	
	didate / Affiliati	on REP Office Sought: * House Senate President	State TX District 08
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	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 Wo 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.)	
Join	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.	wo or more political
(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.		
	3.	FEC ID number	
	4.		

FEC Form 1 (Revi	ised 02/2009)	
Write or Type Committee I		.0.
Friends of Mi	ke	
. Name of Any Connect	ted Organization, Affiliated Committee, Joint Fundraising Represe	entative, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY S	TATE ZIP CODE
	Affiliated Committee Joint Fundraising Repair Fundraising R	
	rare lanny	
Full Name	gers, Jenny, , ,	
Mailing Address	6294 FM 228	
	Cransland	TX , ,75855 , ,
	Grapeland	17.
Title or Position	CITY STA	ATE ZIP CODE
Treasurer	Telephone number	254 - 217 - 0374
Treasurer: List the nam any designated agent (e	ne and address (phone number optional) of the treasurer of the core.g., assistant treasurer).	mmittee; and the name and address of
Full Name Driggo of Treasurer	ers, Jenny, , ,	
Mailing Address	6294 FM 228	
	Grapeland CITY STA	TX
Title or Position Treasurer	Telephone number	. 254 217 0374

FEC Form 1 (R	Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
Banks or Other Depo safety deposit boxes of Name of Bank, Deposi		
safety deposit boxes of Name of Bank, Deposi	or maintains funds. sitory, etc. oneer Bank	
safety deposit boxes of Name of Bank, Deposi	or maintains funds. sitory, etc.	
safety deposit boxes of Name of Bank, Deposition	or maintains funds. sitory, etc. Oneer Bank 415 East Goliad Street	
safety deposit boxes of Name of Bank, Deposition	or maintains funds. sitory, etc. oneer Bank	75835
safety deposit boxes of Name of Bank, Deposition	or maintains funds. sitory, etc. Oneer Bank 415 East Goliad Street	
safety deposit boxes of Name of Bank, Deposition	or maintains funds. sitory, etc. Oneer Bank 415 East Goliad Street Crockett TX CITY STATE	75835
safety deposit boxes of Name of Bank, Deposition Pio	or maintains funds. sitory, etc. Oneer Bank 415 East Goliad Street Crockett TX CITY STATE	75835
safety deposit boxes of Name of Bank, Deposition Pio	or maintains funds. Sitory, etc. Differed Bank 415 East Goliad Street Crockett TX CITY STATE	75835
Name of Bank, Deposition Name of Bank, Deposition Mailing Address Name of Bank, Deposition	or maintains funds. Sitory, etc. Differed Bank 415 East Goliad Street Crockett TX CITY STATE	75835
Name of Bank, Deposition Name of Bank, Deposition Mailing Address Name of Bank, Deposition	or maintains funds. Sitory, etc. Differed Bank 415 East Goliad Street Crockett TX CITY STATE	75835

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: F1N Transaction ID:

add info later

Form/Schedule: Transaction ID: