FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Aaron Hermes for Congress Campaign PO Box 2222 ADDRESS (number and street) (Check if address is changed) Houston 77252 TX CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS aaronhermes2020@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) VoteHermes.com (Check if address is changed) DATE 07 2019 C00731984 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. Mokarzel, John, Mathew, , Type or Print Name of Treasurer Mokarzel, John, Mathew,, [Electronically Filed] 12 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

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|-------------|-----------------------|--|-------------------------|
| | | 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. (Compinformation below.) | lete the candidate |
| Nam Cand | e of didate | Hermes, Aaron, , , | |
| | didate y Affiliati | on REP Office Sought: X House Senate President | State TX District 22 |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Nam Cand | e of didate | | |
| Par | ty Con | nmittee: (National, State | Democratic, |
| (d) | | | epublican, etc.) Party. |
| Poli | itical A | action Committee (PAC): | |
| (e) | | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn | ected 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 seg committee. (i.e., nonconnected committee) | regated 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 | nt Fund | draising 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. | or more political |
| | Com | mittees Participating in Joint Fundraiser | |
| | 1. | FEC ID number C | |
| | 2. | FEC ID number | |
| | 3. | FEC ID number | |
| | 4 | | |

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|---|--|-------------------------------------|
| Write or Type Committee Nam | | |
| Aaron Hermes | for Congress Campaign | |
| | Organization, Affiliated Committee, Joint Fundraising Representati | ive, or Leadership PAC Sponsor |
| NONE | | |
| | | |
| Mailing Address | | |
| Mailing Address | | |
| | | 1 1 1 1 |
| | CITY STATE | ZIP CODE |
| Relationship: Connecte | ed Organization Affiliated Committee Joint Fundraising Represe | entative Leadership PAC Sponsor |
| 7. Custodian of Records: Ide books and records. | entify by name, address (phone number optional) and position of the | e person in possession of committee |
| Full Name | | |
| Mailing Address | | |
| | | |
| | | |
| Title or Position | CITY STATE | ZIP CODE |
| | Telephone number | |
| 8. Treasurer: List the name an any designated agent (e.g., | nd address (phone number optional) of the treasurer of the committ assistant treasurer). | tee; and the name and address of |
| Full Name Mokarzel, of Treasurer | John, Mathew, , | |
| Mailing Address | 8847 Doak Ln | |
| | | |
| | Houston TX CITY STATE | 77075 ZIP CODE |
| Title or Position Treasurer | Telephone number | 832 - 880 - 4220 |

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|---|--|---------------|
| | | |
| Full Name of Designated | | |
| Agent | | |
| Mailing Address | 5 | |
| | | |
| | CITY STATE | ZIP CODE |
| Title or Position | | |
| | Telephone number | |
| | | |
| safety deposit b | er Depositories: List all banks or other depositories in which the committee deposits funds, hoxes or maintains funds. | |
| safety deposit to Name of Bank, | Depository, etc. Wells Fargo | |
| safety deposit b | Depository, etc. Wells Fargo | |
| safety deposit to Name of Bank, | Depository, etc. Wells Fargo | |
| safety deposit to Name of Bank, | Depository, etc. Wells Fargo 2714 Smith St | D6 |
| safety deposit to Name of Bank, Mailing Address | Depository, etc. Wells Fargo 2714 Smith St Houston TX 7700 | |
| safety deposit to Name of Bank, Mailing Address | Depository, etc. Wells Fargo 2714 Smith St Houston TX 7700 CITY STATE | |
| safety deposit to Name of Bank, Mailing Address | Depository, etc. Wells Fargo 2714 Smith St Houston TX 7700 CITY STATE | |
| safety deposit to Name of Bank, Mailing Address | Depository, etc. Wells Fargo 2714 Smith St Houston CITY STATE Depository, etc. | |
| safety deposit to Name of Bank, Mailing Address Name of Bank, | Depository, etc. Wells Fargo 2714 Smith St Houston CITY STATE Depository, etc. | |
| safety deposit to Name of Bank, Mailing Address Name of Bank, | Depository, etc. Wells Fargo 2714 Smith St Houston CITY STATE Depository, etc. | |