

FEC FORM 1

STATEMENT OF ORGANIZATION

2019 MAY 13 AM 10:36

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

RECEIVED FEDERAL ELECTION COMMISSION REPORTS AND DISBURSEMENTS DIVISION

Christine Mann for Congress

ADDRESS (number and street)

P.O. Box 1969

(Check if address is changed)

Liberty Hill

CITY

TX

STATE

78642

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

contact@Christine4Congress.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

Christine4Congress.com

DATE

05 / 07 / 2019

3. FEC IDENTIFICATION NUMBER

C00638346

4. 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.

Type or Print Name of Treasurer

Mania Alicia Ramirez CPA

Signature of Treasurer

[Handwritten Signature]

Date

05 / 06 / 2019

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 Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

5. 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. (Complete the candidate information below.)

Name of Candidate Christine Eady Mann

Candidate Party Affiliation DEM Office Sought: House Senate President State TX District 31

- (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. (Identify connected organization on line 6.) Its connected 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 segregated fund or party committee. (i.e., nonconnected committee)
 - 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 two or more political 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	_____	FEC ID number	<u>C</u> _____
2.	_____	FEC ID number	<u>C</u> _____
3.	_____	FEC ID number	<u>C</u> _____
4.	_____	FEC ID number	<u>C</u> _____

20101017 11:00 AM

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Empty grid lines for organization name

Mailing Address

Empty grid lines for mailing address

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Christine Eady Mann

Mailing Address

160 Mercury Cv

Leander

TX

78641

Title or Position

CITY

STATE

ZIP CODE

Candidate

Telephone number

512-699-1597

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

MARIA ALICIA RAMIREZ CPA

Mailing Address

207 E 9th St

GEORGETOWN

TX

78626

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

512-695-7226

2009 RELEASE UNDER E.O. 13526

Full Name of Designated Agent

MARGARET RUTH WALSON

Mailing Address

17531 KLAMATH FALLS DRIVE

ROUND ROCK TX 78681

CITY

STATE

ZIP CODE

Title or Position

Telephone number

512-657-3018

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

First Texas Bank

Mailing Address

P.O. Box 649

Georgetown TX 78627

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

2010 RELEASE UNDER E.O. 13526

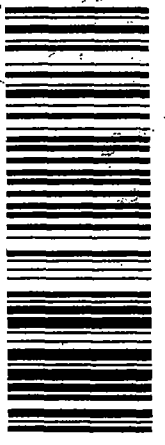
From:

Christine Meern

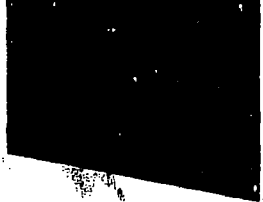
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Leander TX 78641

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2019 MAY 13 AM 10:03



AM 10:03

2019 MAY 13

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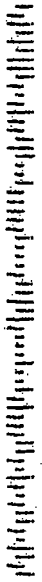


20463

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
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<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
	5-13-19
PREPARER	DATE PREPARED

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