

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

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Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

TEXAS ASSOCIATION OF HEALTH UNDERWRITERS PAC

ADDRESS (number and street) 312 North Avenue East, Suite 5

(Check if address is changed)

Cranford  
CITY ▲

NJ 07076  
STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

admin@tahu.org

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 07 01 2020

3. FEC IDENTIFICATION NUMBER ► C 00353144

4. IS THIS STATEMENT NEW (N) OR X 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 Micheal Ledgerwood

Signature of Treasurer

Date 08-21-2020

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.

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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 \_\_\_\_\_

Candidate Party Affiliation  Office Sought:  House  Senate  President State  District

- (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	C _____
2.	_____	FEC ID number	C _____
3.	_____	FEC ID number	C _____
4.	_____	FEC ID number	C _____

Write or Type Committee Name

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

Two rows of empty grid boxes for entering the name of the organization.

Mailing Address

Three rows of empty grid boxes for entering the 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

One row of empty grid boxes for entering the full name.

Mailing Address

Three rows of empty grid boxes for entering the mailing address.

Title or Position

CITY

STATE

ZIP CODE

One row of empty grid boxes for entering the title or position.

Telephone number

One row of empty grid boxes for entering the telephone number.

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

Michael Ledgerwood

Mailing Address

12022 Forest Moon Dr.

Cypress

TX

77433

CITY

STATE

ZIP CODE

Title or Position

Treasurer

One row of empty grid boxes for entering the title or position.

Telephone number

832

745

2987

One row of empty grid boxes for entering the telephone number.

Full Name of Designated Agent Lisa Strug

Mailing Address 312 North Avenue East, Suite 5

[Empty address line]

Cranford NJ 07016

CITY STATE ZIP CODE

Title or Position Assistant Treasurer Telephone number 713 645 1490

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.

[Empty name field]

Mailing Address [Empty address line]

[Empty address line]

[Empty address line]

CITY STATE ZIP CODE

Name of Bank, Depository, etc.

[Empty name field]

Mailing Address [Empty address line]

[Empty address line]

[Empty address line]

CITY STATE ZIP CODE

20090218 10:00:00 AM

5(g) or (h). **Joint Fundraising Participant:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

FEC ID number **C** \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Relationship: \_\_\_\_\_ CITY ▲ STATE ▲ ZIP CODE ▲

Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone Number \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

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. \_\_\_\_\_

Mailing Address \_\_\_\_\_

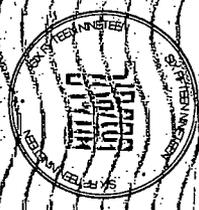
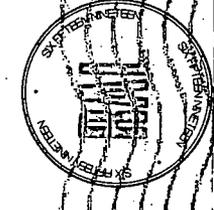
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CITY ▲ STATE ▲ ZIP CODE ▲

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