Only

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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. SCHELL HAMMEL FOR CONGRESS 6340 N ELDRIDGE PKWY ADDRESS (number and street) **STE N107** (Check if address is changed) HOUSTON 77041 TX CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS mheatherd@gmail.com (Check if address is changed) Optional Second E-Mail Address schellhammel@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.voteschell.com (Check if address is changed) DATE 2019 C00724708 FEC IDENTIFICATION NUMBER > 3. X 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. REEVES, HEATHER, R,, Type or Print Name of Treasurer REEVES, HEATHER, R,, [Electronically Filed] 10 28 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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|--|--|
| TYPE OF COMMITTEE  |  |
| Candidate Committee:   |  |
| (a) This committee is a principal campaign committee. (Complete the candidate information below  | ow.)                                     |
| (b) This committee is an authorized committee, and is NOT a principal campaign committee. (C information below.)   | Complete the candidate                   |
| Name of Candidate HAMMEL, MICHELLE (SCHELL), , ,   |  |
| Candidate Office   | State                                    |
| Party Affiliation REP Sought: X House Senate President   | t District 22                            |
| (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,<br>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 committee. (i.e., nonconnected committee)   | e segregated 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 Fundraising Representative:  |  |
| (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for 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 fo committees/organizations, none of which is an authorized committee of a federal candidate.          | r two or more political                  |
| Committees Participating in Joint Fundraiser   |  |
| 1.   |  |
| 2.   |  |
| 3.   |  |
| 4.   |  |

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|---|--------------------------------|
| Write or Type Committee Name  | r age <b>3</b>                 |
| SCHELL HAMMEL FOR CONGRESS  |                                |
| 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Lea   | adership PAC Sponsor           |
| NONE  |                                |
|   |                                |
|   |                                |
| Mailing Address   |                                |
|   |                                |
|   |                                |
| CITY STATE  | ZIP CODE                       |
| Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative  | Leadership PAC Sponsor         |
| <ul> <li>Custodian of Records: Identify by name, address (phone number optional) and position of the person in<br/>books and records.</li> </ul>                    | n possession of committee      |
| REEVES, HEATHER, R, , Full Name   | 1                              |
| Mailing Address  6340 N ELDRIDGE PKWY   |                                |
| STE N107  |                                |
| HOUSTON TX 7770   | 041                            |
| Title or Position CITY STATE  | ZIP CODE                       |
| TREASURER 469 Telephone number  | -   990 -   8942               |
| 3. <b>Treasurer:</b> List the name and address (phone number optional) of the treasurer of the committee; and the any designated agent (e.g., assistant treasurer). | ne name and address of         |
| Full Name REEVES, HEATHER, R, , of Treasurer  |                                |
| Mailing Address [6340 N ELDRIDGE PKWY   |                                |
| STE N107  |                                |
| HOUSTON TX 770  | 41                             |
| CITY STATE Title or Position  | ZIP CODE                       |
| TREASURER   | - <u>  990</u> - <u>  8942</u> |

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|---|--|-----------------|
|   |  |                 |
| Full Name of<br>Designated<br>Agent                     | CRANSON, MANDI, , ,  |                 |
| Mailing Address   | 6340 N ELDRIDGE PKWY   |                 |
| 3   | STE N107   |                 |
|   | HOUSTON TX 77041   | -               |
|   | CITY STATE Z   | TIP CODE        |
| Title or Position SECRETARY                             |  | 69   -   4158   |
|   | Depositories: List all banks or other depositories in which the committee deposits funds, holds oxes or maintains funds.  Depository, etc. | accounts, rents |
| safety deposit bo                                       | oxes or maintains funds.  Depository, etc.   | accounts, rents |
| safety deposit be<br>Name of Bank, I                    | Depository, etc.  BANK OF AMERICA  PO BOX 25118  | accounts, rents |
| safety deposit bo                                       | Depository, etc.  BANK OF AMERICA  PO BOX 25118  | accounts, rents |
| safety deposit be<br>Name of Bank, I                    | Depository, etc.  BANK OF AMERICA  PO BOX 25118  | accounts, rents |
| safety deposit be<br>Name of Bank, I                    | Depository, etc.  BANK OF AMERICA  PO BOX 25118  | accounts, rents |
| safety deposit be<br>Name of Bank, I                    | Depository, etc.  BANK OF AMERICA  PO BOX 25118  TAMPA  FL 33622   | accounts, rents |
| safety deposit be<br>Name of Bank, I                    | Depository, etc.  BANK OF AMERICA  PO BOX 25118  TAMPA  FL 33622  CITY  STATE  Z   |                 |
| safety deposit be<br>Name of Bank, I<br>Mailing Address | Depository, etc.  BANK OF AMERICA  PO BOX 25118  TAMPA  FL 33622  CITY  STATE  Z   |                 |
| safety deposit be<br>Name of Bank, I<br>Mailing Address | Depository, etc.  BANK OF AMERICA  PO BOX 25118  TAMPA  CITY  STATE  Z  Depository, etc.   |                 |
| safety deposit be<br>Name of Bank, I<br>Mailing Address | Depository, etc.  BANK OF AMERICA  PO BOX 25118  TAMPA  CITY  STATE  Z  Depository, etc.   |                 |
| safety deposit be<br>Name of Bank, I<br>Mailing Address | Depository, etc.  BANK OF AMERICA  PO BOX 25118  TAMPA  CITY  STATE  Z  Depository, etc.   |                 |