| FEC FORM 1 | STATEMEN ORGANIZA | | PAGE 1 / 4 - | | | | | | |
|--|---|--|---|--|--|--|--|--|--|
| 1. NAME OF COMMITTEE (in full) | (Check if name is changed) | Example: If typing, type over the lines. | 12FE4M5 | | | | | | |
| Peggy Wardlaw | Congressional Ca | ampaign | 1 | | | | | | |
| | | | | | | | | | |
| ADDRESS (number and street) | 19910 Park Ranch | | | | | | | | |
| (Check if address is changed) | San Antonio | | TX 78259 STATE ▲ ZIP CODE ▲ | | | | | | |
| COMMITTEE'S E-MAIL ADDR | RESS | | | | | | | | |
| (Check if address is changed) | peggy@votepeggy.com | | | | | | | | |
| | Optional Second E-Mail Add peggywardlaw@gmai | ress Il.com | | | | | | | |
| COMMITTEE'S WEB PAGE A (Check if address is changed) | DDRESS (URL) | | | | | | | | |
| 2. DATE 12 | 20 / Y Y Y Y 20 / 2017 | | | | | | | | |
| 3. FEC IDENTIFICATION | NUMBER ► C co | 0663856 | | | | | | | |
| 4. IS THIS STATEMENT | × NEW (N) OR | AMENDED (A) | | | | | | | |
| I certify that I have examined | this Statement and to the best of | of my knowledge and belief it | is true, correct and complete. | | | | | | |
| Type or Print Name of Treasu | rer Zarder, Matt, , , | | | | | | | | |
| Signature of Treasurer | rder, Matt, , , | [Electronically Filed] | Date 12 20 2017 | | | | | | |
| NOTE: Submission of false, erro | oneous, or incomplete information m ANY CHANGE IN INFORMATIO | | nis Statement to the penalties of 2 U.S.C. §437g. ITHIN 10 DAYS. | | | | | | |
| Office Use Only | | For further information cc Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100 | | | | | | | |

Image# 201712209089294637

L

| | FEC Fo | orm 1 (Revised 02/2009) | Page 2 |
|-------------|-----------------------|---|-------------------------------|
| | | COMMITTEE | |
| Car | ndidate | e 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 information below.) | ne candidate |
| | ne of didate | Wardlaw, Peggy, , , | |
| | didate y Affiliati | tion REP Sought: X House Senate President | ate TX strict 21 |
| (C) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Nam Cano | ne of didate | | |
| Par | ty Con | mmittee: | |
| (d) | | This committee is a (National, State or subordinate) committee of the (Demo Republic | cratic, ican, etc.) Party. |
| Poli | itical A | 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 | r Organization |
| | | Membership Organization Trade Association Coop | perative |
| | | In addition, this committee is a Lobbyist/Registrant PAC. | |
| (f) | | This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee) | ed 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 Func | draising Representative: | |
| (g) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or m committees/organizations, at least one of which is an authorized committee of a federal candidate. | ore political |
| (h) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or m committees/organizations, none of which is an authorized committee of a federal candidate. | ore political |
| | Com | nmittees Participating in Joint Fundraiser | |
| | 1. | FEC ID number | |
| | 2. | FEC ID number | |
| | 3. | FEC ID number | |
| | 4. | FEC ID number | |
| | | | |

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

Peggy Wardlaw Congressional Campaign

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

| Mailing Address | | | | | | | | | | |
|--|------|-------|----------|--|--|--|--|--|--|--|
| | | | | | | | | | | |
| | | | | | | | | | | |
| | CITY | STATE | ZIP CODE | | | | | | | |
| Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor | | | | | | | | | | |
| Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. | | | | | | | | | | |

| | Zarder, Matt, , , | | |
|-------------------|-----------------------|---------------|------------|
| Full Name | | | |
| Mailing Address | 331 South Academy Ave | | |
| | | | |
| | New Braunfels | TX 78130 | |
| Title or Position | CITY | STATE | ZIP CODE |
| Treasurer | Tel | ephone number | 834 - 4435 |

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 | Zarder, Matt, , , |
|--------------------------------|--|
| Mailing Address | 331 South Academy Ave |
| | |
| | New Braunfels TX 78130 |
| | CITY STATE ZIP CODE |
| Title or Position Treasurer | Telephone number |

FEC Form 1 (Revised 02/2009)

| Full Name of Designated Agent | | | | | | | | | | | | | | | | | | | 1 | | | | | | | | | |
|-------------------------------------|------|--|---|--|--|--|--|--|--|--|--|--|------|-----|-----|------|-----|-----|-----|----|--|--|--|--|--|--|--|--|
| Mailing Address | | | l | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | l | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | l | | | | | | | | | | | | | | | | | | | | | | | | | |
| | CITY | | | | | | | | | | | | STA | λΤΕ | | | ZII | PC | COE | ЭE | | | | | | | | |
| Title or Position | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | Tele | eph | one | e ni | umt | ber | | | | | | | | | | |

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. |
|------|----|-------|-------------|------|
|------|----|-------|-------------|------|

| Frost B | ank | | |
|-----------------------------|------------------|-------|----------|
| Mailing Address | 100 W Houston St | | |
| | | | |
| | San Antonio | | 78205 |
| | CITY | STATE | ZIP CODE |
| Name of Bank, Depository, e | etc. | | |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| | CITY | STATE | ZIP CODE |