

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

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

12FE4M5

The Committee to: Send Henry 2 the Hill

ADDRESS (number and street)

5426 Meadowcreek Drive

☐ (Check if address is changed)

#1003A

Dallas

CITY ▲

TX

STATE ▲

75248

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

david.henry@dhshia.com

Optional Second E-Mail Address

dhenryttu1@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

2. DATE

MM / DD / YYYY
07 / 21 / 2017

3. FEC IDENTIFICATION NUMBER ►

C C00652230

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 Wade, Steven, Glenn, ,

Signature of Treasurer

Wade, Steven, Glenn, ,

[Electronically Filed]

Date

MM / DD / YYYY
08 / 02 / 2017

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
Use
OnlyFor 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

Henry, David, Dean, ,

Candidate
Party Affiliation

Dem

Office
Sought:☒

House

☐

Senate

☐

President

State

TX

District

32

- (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. | <input type="text"/> | FEC ID number | C <input type="text"/> |
| 2. | <input type="text"/> | FEC ID number | C <input type="text"/> |
| 3. | <input type="text"/> | FEC ID number | C <input type="text"/> |
| 4. | <input type="text"/> | FEC ID number | C <input type="text"/> |

Write or Type Committee Name

The Committee to: Send Henry 2 the Hill

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

NONE

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 Wade, Steven, Glenn, ,

Mailing Address 2528 N.W. 179 Court

Edmond

OK

73012

Title or Position

CITY

STATE

ZIP CODE

Director/ Treasurer

Telephone number

405

822

7355

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 Wade, Steven, Glenn, ,

Mailing Address 2528 N.W. 179 Court

Edmond

OK

73012

Title or Position

CITY

STATE

ZIP CODE

Director/ Treasurer

Telephone number

405

822

7355

Full Name of
Designated
Agent

Henry, Kristen, Denise, ,

Mailing Address

5426 Meadowcreek Drive

#1003 A

Dallas

CITY

TX

STATE

75248

ZIP CODE

Title or Position

Director / VP

Telephone number

806

777

0556

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.

Capital One Bank

Mailing Address

5310 Forest Lane

Dallas

CITY

TX

STATE

75244

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

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

1. _____
2. _____
3. _____
4. _____

FEC ID number

C _____

FEC ID number

C _____

FEC ID number

C _____

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)

Wade, Carol, Jean, ,

Full Name

Mailing Address

3619 Shandon Drive

Midland TX 79707 - _____

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Director / Sec.

Telephone Number

432

638

2619

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

_____-____

CITY ▲

STATE ▲

ZIP CODE ▲