Only

STATEMENT OF

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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. Carmen for Congress Po Box 230153 ADDRESS (number and street) (Check if address is changed) Houston 77223 TX CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS singletonme@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2018 C00663864 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Singleton, Mark, , , Type or Print Name of Treasurer Singleton, Mark, , , [Electronically Filed] 2018 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

	FEC Fo	orm 1 (Revised 02/2009) Page 2				
		COMMITTEE				
(a)	ididate *	e Committee: This committee is a principal campaign committee. (Complete the candidate information below.)				
, ,	H		1-4-			
(b)	ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candic information below.)	ate			
Nam Cand	e of lidate	Montiel, Carmen, , ,				
Cano	lidate	Office	TX			
Party	Affiliati		29			
(c)	П	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Nam			1 1			
	lidate					
Par	Irty Committee: (National, State (Democratic,					
(d)	Ш	This committee is a or subordinate) committee of the Republican, etc.	.) Party.			
Poli	tical A	Action Committee (PAC):				
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	ition is a			
		Corporation Corporation w/o Capital Stock Labor Organiz	zation			
		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 committee. (i.e., nonconnected committee)	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	t Func	draising Representative:				
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more politic committees/organizations, at least one of which is an authorized committee of a federal candidate.	cal			
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more politic committees/organizations, none of which is an authorized committee of a federal candidate.	al			
	Com	nmittees Participating in Joint Fundraiser				
	1.					
	2.					
	3.	FEC ID number				
	4.					

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Write or Type Committee N		
Carmen for C	ongress	
	ed Organization, Affiliated Committee, Joint Fundraising Representati	ive, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
_		_
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Represe	entative Leadership PAC Sponso
Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the	e person in possession of committee
	ton, Mark, , ,	
Full Name	PO Box 230153	
Mailing Address		
	Houston	777223
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	
3. Treasurer: List the name any designated agent (e.	e and address (phone number optional) of the treasurer of the committ g., assistant treasurer).	tee; and the name and address of
	ton, Mark, , ,	
of Treasurer	IPO Box 230153	
Mailing Address	. 9 594 250 160	
	.115	77000
	Houston	777223
Title or Position , Treasurer	CITY STATE	ZIP CODE
	Telephone number	

EEC Form	n 1 (Revised	4.0.2./2009)	Page 4
FEC FOI	ii i (Kevise0	1 0 2 1 2 0 0 3 j	raye 4
Full Name of Designated Agent			
Mailing Address			
			- -
		CITY STATE	ZIP CODE
Title or Position			
safety deposit be Name of Bank,			1 1 1 1 1 1 1
Mailing Address		₁ 2200 Wilson Blvd	
Ü		Suite 100	
		Arlington VA 22201	
		CITY STATE	ZIP CODE
Name of Bank,	Depository, e	etc.	
		I	
Mailing Address			
Mailing Address			
Mailing Address			