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06/06/2019 16 : 13

| STATEMEN | T OF |
|----------|------|
| ORGANIZA | TION |

| FEC FORM 1 | | STATEMEN ORGANIZ | | | PAGE 1 / 4 | |
|-------------------------|-----------------|-------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|-------|
| 1. NAME OF | | (Check if name | Example:If typing, type | 12FE4M5 | Office Use Only | |
| COMMITTEE (in | full) | is changed) | over the lines. | IZF E4MO | | |
| Friends of J | leb He | nsarling | | | | . 1 |
| | | | | | | |
| ADDRESS (number ar | nd street) | PO Box 820504 | | | | |
| (Check if a | | | | | | |
| is changed |) | Dallas | | | 75382-0504 | |
| | | | | L L STATE ▲ | | |
| COMMITTEE'S E-MA | IL ADDRES | S | | | | |
| (Check if a | ddress | info@campaignfinancia | al.com | | | I |
| is changed |) | | | | | |
| | | Optional Second E-Mail Add | | | | |
| COMMITTEE'S WEB | ddress | RESS (URL) www.jebhensarling.com | | | | |
| 2. DATE 06 | M / D 06 | 2019 | | | | |
| 3. FEC IDENTIFIC | ation NU | MBER ► C C | 00370650 | | | |
| 4. IS THIS STATEM | IENT | NEW (N) OR | × AMENDED (A) | | | |
| I certify that I have e | xamined thi | s Statement and to the best | of my knowledge and belief | it is true, correct a | and complete. | |
| Type or Print Name of | of Treasurer | Chandler, James, C., , | | | | |
| Signature of Treasure | r <i>Chandi</i> | ler, James, C., , | [Electronically Filed] | Date 06 | / D D / Y Y Y 06 2019 | Y |
| NOTE: Submission of f | | | may subject the person signing ON SHOULD BE REPORTED | | the penalties of 2 U.S.C. §4 | l37g. |
| Office Use Only | | | For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100 | | FEC FORM 1 (Revised 06/2012) | |

| - | | _ |
|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| FEC F | orm 1 (Revised 02/2009) | Page 2 |
| TYPE OF | COMMITTEE | |
| Candidat | 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. (Comp information below.) | plete the candidate |
| Name of Candidate | | |
| Candidate Party Affilia | tion Office Sought: House Senate President | State |
| (c) | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Name of Candidate | | |
| Party Co | mmittee: | |
| (d) | | Democratic, Republican, etc.) Part |
| Political | Action Committee (PAC): | |
| (e) | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conr | nected organization is |
| | Corporation Corporation w/o Capital Stock | Labor Organization |
| | Membership Organization Trade Association | Cooperative |
| | In addition, this committee is a Lobbyist/Registrant PAC. | |
| (f) x | This committee supports/opposes more than one Federal candidate, and is NOT a separate sec committee. (i.e., nonconnected committee) | gregated fund or part |
| | In addition, this committee is a Lobbyist/Registrant PAC. | |
| | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | |
| Joint Fun | draising Representative: | |
| (g) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate. | o or more political |
| (h) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate. | o or more political |
| Cor | nmittees Participating in Joint Fundraiser | |
| 1. | FEC ID number | |
| 2. | FEC ID number | |
| 3. | FEC ID number | |
| 4. | FEC ID number | |

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Page 3

Write or Type Committee Name

Friends of Jeb Hensarling

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

| JOBS, ECONOMY AN | | |
|-------------------------|---------------------------------------------------------|---------------------------------------|
| | | |
| Mailing Address | PO Box 30844 | |
| | | |
| | Bethesda | MD 20824-0844 |
| | 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.

| Campaign, | , Financial Services, , , | | | | | | | |
|----------------------------------------------------------|---------------------------|--|--|--|--|--|--|--|
| Full Name | | | | | | | | |
| Mailing Address | PO Box 30844 | | | | | | | |
| | | | | | | | | |
| | Bethesda MD 20824-0844 | | | | | | | |
| Title or Position | CITY STATE ZIP CODE | | | | | | | |
| Custodian of Records 301 654 3220 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 | Chandler, James, C., , |
|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Mailing Address | PO Box 820504 |
| | |
| | Dallas |
| | CITY STATE ZIP CODE |
| Title or Position Treasurer | Image: |

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FEC Form 1 (Revised 02/2009)

| Full Name of Designated Agent | | | | | | | | | | | | | | 1 | 1 | | | | | | | | 1 | | | |
|-------------------------------------|--|---|---|--|--|--|----|----|--|--|------|-----|-----|------|-----|-----|----|--|---|--|-----|-----|----|----|--|--|
| Mailing Address | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | L | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 1 | | | | | | | | | | | | | | | | L | | | 1 | | | | |
| | | | | | | | CI | ΓY | | | | | | | | STA | ΤE | | | | ZIF | р С | OD | θE | | |
| 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.

| Wells F | - argo | | |
|-----------------------------|--------------|-------|----------|
| Mailing Address | PO Box 54349 | | |
| | | | |
| | Los Angeles | | 54-0349 |
| | CITY | STATE | ZIP CODE |
| Name of Bank, Depository, e | etc. | | |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| | CITY | STATE | ZIP CODE |