Only

PAGE 1 / 4 =

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. GEORGE W. HINDMAN FOR CONGRESS PO BOX 3403 ADDRESS (number and street) (Check if address is changed) **PFLUGERVILLE** 78691 TX CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS CAMPAIGNHQ@VOTEHINDMAN.COM (Check if address is changed) Optional Second E-Mail Address COMPLIANCE@COMPLIANCECONSULTINGVA.COM COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 25 2019 C00724617 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. JOHNSON, MELODIE, , , Type or Print Name of Treasurer JOHNSON, MELODIE, , , [Electronically Filed] 10 25 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

FEC Form 1 (Revised 02/2009)	Page 2
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. (Cominformation below.)	plete the candidate
Name of Candidate HINDMAN, GEORGE, W., ,	
Candidate Party Affiliation REP Office Sought: House Senate President	State TX District 17
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	
	(Democratic, Republican, etc.) Party.
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected 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 se committee. (i.e., nonconnected committee)	egregated 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 two committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo 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
Committees Participating in Joint Fundraiser	
1. FEC ID number	
2. FEC ID number	
3.	
4.	

FEC Form 1 (Revi	rised 02/2009)	Page 3
Write or Type Committee	Name	
GEORGE W	. HINDMAN FOR CONGRESS	
6. Name of Any Connec	cted Organization, Affiliated Committee, Joint Fundraising Representa	ative, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STA	TE ZIP CODE
Relationship: Conr	nected Organization Affiliated Committee Joint Fundraising Repre	esentative Leadership PAC Sponsor
Custodian of Records books and records.	: Identify by name, address (phone number optional) and position of	the person in possession of committee
	INSON, MELODIE, , ,	
Full Name	PO BOX 3403	
Mailing Address		
	PFLUGERVILLE , TX	78691
	THEOCENTIEEE TAX	
Title or Position	CITY STATI	E ZIP CODE
TREASURER		
3. Treasurer: List the nam any designated agent (6	ne and address (phone number optional) of the treasurer of the comme.g., assistant treasurer).	nittee; and the name and address of
Full Name JOHN of Treasurer	NSON, MELODIE, , ,	
Mailing Address	PO BOX 3403	
	PFLUGERVILLE TX	(
Title on Desition	CITY STATE	E ZIP CODE
Title or Position TREASURER	Telephone number	

FEC Form 1 (Re	evised 02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position			
	Telepho	one number	
safety deposit boxes or Name of Bank, Deposit		committee aeposits tunas, r	
safety deposit boxes or Name of Bank, Deposit	omaintains funds. tory, etc. OST BANK 605 CANYON RIDGE RD		
safety deposit boxes or Name of Bank, Deposit	maintains funds. tory, etc. OST BANK	TX 7875	
safety deposit boxes or Name of Bank, Deposit	omaintains funds. tory, etc. OST BANK 605 CANYON RIDGE RD		
safety deposit boxes or Name of Bank, Deposit	maintains funds. tory, etc. OST BANK 605 CANYON RIDGE RD AUSTIN CITY	TX 7875	53
safety deposit boxes or Name of Bank, Deposit	maintains funds. tory, etc. OST BANK 605 CANYON RIDGE RD AUSTIN CITY	TX 7875	53
safety deposit boxes or Name of Bank, Deposit	Maintains funds. tory, etc. OST BANK 605 CANYON RIDGE RD AUSTIN CITY tory, etc.	TX 7875	53
safety deposit boxes or Name of Bank, Deposit FROM Mailing Address Property	Maintains funds. tory, etc. OST BANK 605 CANYON RIDGE RD AUSTIN CITY tory, etc.	TX 7875	53
safety deposit boxes or Name of Bank, Deposit FROM Mailing Address Property	Maintains funds. tory, etc. OST BANK 605 CANYON RIDGE RD AUSTIN CITY tory, etc.	TX 7875	53