Image# 202201319485618898				DAGE 1 / 4
FEC FORM 1	STATEMEI ORGANIZ			PAGE 1 / 4 —
			O	ffice Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Michelle Beckley	/ for Congress			
ADDRESS (number and street)	PO Box 117873			
(Check if address				
is changed)	Carrollton		TX 750)11
			STATE ▲	
OMMITTEE'S E-MAIL ADDR	ESS			
🖌 🚽 (Check if address	michelle@michellebec	kley.com		
is changed)	Optional Second E-Mail Ad	dress		
(Check if address is changed)	https://www.michellebeckley.o	com/		
	31 / Y Y Y Y 2022			
. FEC IDENTIFICATION N	IUMBER ► C C	00784967		
. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
certify that I have examined	this Statement and to the best	of my knowledge and belief i	it is true, correct and	l complete.
-				
ype or Print Name of Treasur	er Mikes, Martin, , ,			
Signature of Treasurer Mik	es, Martin, , ,	[Electronically Filed]	Date 01	D D / Y Y Y Y 31 2022 2022 2022 2022
IOTE: Submission of false, erro	neous, or incomplete information ANY CHANGE IN INFORMATI	may subject the person signing ON SHOULD BE REPORTED \		penalties of 2 U.S.C. §437g.
Office Use Only		For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

01/31/2022 16 : 04

L

	-	
FEC	Page 2	
	F COMMITTEE	
Candic	date 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 Candidat		
Candidat Party Aff		4
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidat		
Party C	Committee:	
(d)	This committee is a(National, State or subordinate) committee of the(Democratic, Republican, etc.) Par	ty.
Politica	al Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is	s 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 par committee. (i.e., nonconnected committee)	ty
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint F	undraising 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.	
C	Committees Participating in Joint Fundraiser	
1	FEC ID number	
2	E. FEC ID number	
3	. FEC ID number	
4	FEC ID number	

I

FEC Form 1 (Revised 02/2009)

Page 3

Write or Type Committee Name

Michelle Beckley for Congress

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

Mailing Address											
				CITY				STATE	-	ZIP COD	E
Relationship:	Connecte	ed Organization	Affiliate	ed Comm	littee	Joint I	Fundrai	sing Represe	entative	Leadership F	AC Sponsor
	Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.										
Full Name	Mikes, M	artin, , ,					1 1				
Mailing Address		PO Box 1178	373								
j titi											
									7501	1	
Title or Position				CITY				STATE		ZIP COD	E
Treasurer Telephone number											
Treasurer						Tele	phone	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	Mikes, Martin, , ,
Mailing Address	PO Box 117873
	Carrollton
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent					1					ĺ																	1			
Mailing Address																														
			L																											
								1											L			L			1			1		
	CITY									STATE								ZIP CODE												
Title or Position																														
														Tele	eph	ione	e ni	uml	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.

Bank	of America		
Mailing Address	1101 S Josey Ln		
		TX 75006	
	CITY	STATE ZI	P CODE
Name of Bank, Depository	; etc.		
Mailing Address			
	CITY	STATE ZI	P CODE