Image# 202104239445371957			_	PAGE 1/5
FEC FORM 1	STATEME ORGANIZ	_		FAGE 17 5
			C	Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
	10100 Katy Freeway Suite 30	DO		
ADDRESS (number and street)				
is changed)	Houston		TY 77	043
	CITY A		STATE 🔺	ZIP CODE▲
OMMITTEE'S E-MAIL ADDI	RESS			
(Check if address is changed)	fecinfo@pass1.com			
is changed)	Optional Second E-Mail Ad	Idress		
	joel.galassini@ceme			
(Check if address is changed)	N/A □ □ □ □ □ □ □ □ □ □ □ □			
2. DATE 04	23 / Y Y Y Y 2021			
B. FEC IDENTIFICATION	NUMBER ► C C	00111880		
		_		
. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
certify that I have examined	I this Statement and to the best	t of my knowledge and belief i	t is true correct and	d complete
		,	,,	- F
Type or Print Name of Treasu	Irer Galassini, Joel, L, ,			
Signature of Treasurer	ulassini, Joel, L, ,	[Electronically Filed]	Date 04	/ D D / Y Y Y Y 23 / 2021
VOTE: Submission of false, err	oneous, or incomplete information ANY CHANGE IN INFORMAT	may subject the person signing		e penalties of 2 U.S.C. §437g.
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	contact:	FEC FORM 1 (Revised 06/2012)

04/23/2021 10 : 04

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FEC F	Form 1 (Revised 02/2009) Page 2
TYPE OF	COMMITTEE
Candida	te 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	L
Candidate Party Affilia	ation Office Sought: House Senate President District
(C)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Co	mmittee:
(d)	This committee is a(National, State or subordinate) committee of the(Democratic, Republican, etc.) Pa
Political	Action Committee (PAC):
(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization
	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 pa 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 Fun	draising 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.
Cor	mmittees Participating in Joint Fundraiser
1.	FEC ID number
2.	FEC ID number
3.	FEC ID number
4.	FEC ID number

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FEC Form 1 (Revised 02/2009)

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Write or Type Committee Name

CEMEX Inc. Employees PAC

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

EMEX Inc.				
Mailing Address	10100 Katy Freeway Suite 300			
	Houston		TX 77043	3
	CITY		STATE	ZIP CODE
Relationship: 🗶 Connected	Organization Affiliated Committee	Joint Fundraising	Representative	Leadership PAC Sponsor
Custodian of Records: Iden	tify by name, address (phone number	- optional) and position	on of the person in	possession of committee

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Galassini,	Joel, L, ,
Full Name	
Mailing Address	10100 Katy Freeway Suite 300
	Houston TX 77043
Title or Position	CITY STATE ZIP CODE
Custodian of Records	Telephone number 713 722 1750

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	Galassini, Joel, L, ,
Mailing Address	10100 Katy Freeway Suite 300
	Houston
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number 713 722 1750

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Full Name of Designated	Carlson, N. Jerae, , ,
Agent	
Mailing Address	10100 Katy Freeway Suite 300
	Houston TX 77043
	CITY STATE ZIP CODE
Title or Position	urer 713 722 5831 Telephone number 1 1 1

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 N.A.		
Mailing Address	P.O. Box 831547		
	Dallas	TX 75283	
	CITY	STATE	ZIP CODE
Name of Bank, [Depository, etc.		
Mailing Address			
	CITY	STATE	ZIP CODE

:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`=H9A=N5 H=CB

Form/Schedule: F1A Transaction ID :

This amendment is being filed to update the phone number for the Custodian of Records and Treasurer.

Form/Schedule: Transaction ID: