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STATEMENT OF **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. TEXANS COMING TOGETHER 1390 CHAIN BRIDGE ROAD ADDRESS (number and street) STE 515 (Check if address is changed) **MCLEAN** 22101 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS compliance@complianceconsultingva.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) texanscomingtogether.com (Check if address is changed) DATE 2020 C00735571 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] 01 2020 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 Only Local 202-694-1100

ı	FEC Fo	rm 1 (Revised 02/2009)	Page 2				
		OMMITTEE • 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. (Corinformation below.)	nplete the candidate				
Nam Cand	e of didate						
	didate / Affiliati	on Office Sought: House Senate President	State				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name Cand	e of didate						
Par	ty Con	nmittee: (National, State	(Democratic,				
(d)		This committee is a or subordinate) committee of the	Republican, etc.) Party				
Poli	tical A	ction Committee (PAC):					
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate s 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.)					
Join	t Fund	Iraising Representative:					
(g)	П	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t					
(h)		committees/organizations, at least one of which is an authorized committee of a federal candidate. This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.					
	Com	Committees Participating in Joint Fundraiser					
	1.						
	2.						
	3.	FEC ID number C					
	4.						

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Write or Type Committee Nam		
TEXANS COM	IING TOGETHER	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leade	rship PAC Sponsor
NONE		
<u> </u>		
Mailing Address		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representative L	eadership PAC Sponsor
Custodian of Records: Idea books and records.	entify by name, address (phone number optional) and position of the person in p	oossession of committee
JOHNSO Full Name	ON, MELODIE, , ,	
Mailing Address	1390 CHAIN BRIDGE ROAD	
ag / taarooc	STE 515	
	MCLEAN VA 22101	
Title or Position	CITY STATE	ZIP CODE
TREASURER		424 - 3798
. Treasurer: List the name an any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	name and address of
Full Name JOHNSO of Treasurer	on, MELODIE, , ,	
Mailing Address	1390 CHAIN BRIDGE ROAD	
	STE 515	
	MCLEAN VA 22101	
Title or Position TREASURER	CITY STATE Telephone number 571 - [ZIP CODE 424 - 3798

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Full Name of			
Designated Agent			
Mailing Address			
		CITY STATE Z	IP CODE
Title or Position			
		Telephone number	
Banks or Othe safety deposit b Name of Bank,	oxes or main		accounts, rents
safety deposit b	oxes or main Depository, e	atains funds.	accounts, rents
safety deposit b Name of Bank,	oxes or main Depository, e	atains funds. etc. 1909 K STREET NW 2ND FLOOR WASHINGTON DC 20006	accounts, rents
safety deposit b Name of Bank,	oxes or main Depository, e	atains funds. etc. 1909 K STREET NW 2ND FLOOR WASHINGTON CITY STATE	
safety deposit b Name of Bank, Mailing Address	oxes or main Depository, e	atains funds. etc. 1909 K STREET NW 2ND FLOOR WASHINGTON CITY STATE	
safety deposit b Name of Bank, Mailing Address	oxes or main Depository, e	1909 K STREET NW 2ND FLOOR WASHINGTON CITY STATE Z	
safety deposit b Name of Bank, Mailing Address	Depository, e	1909 K STREET NW 2ND FLOOR WASHINGTON CITY STATE Z	
safety deposit by Name of Bank, Mailing Address Name of Bank,	Depository, e	1909 K STREET NW 2ND FLOOR WASHINGTON CITY STATE Z	
safety deposit by Name of Bank, Mailing Address Name of Bank,	Depository, e	1909 K STREET NW 2ND FLOOR WASHINGTON CITY STATE Z	

: 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1N Transaction ID:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Form/Schedule: Transaction ID: