STATEMENT OF

PAGE 1 / 13 ·

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. Colin Allred for Congress PO Box 601631 ADDRESS (number and street) (Check if address is changed) **Dallas** 75360 TX CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS smele@mbacg.com (Check if address is changed) Optional Second E-Mail Address Idecot@mbacg.com COMMITTEE'S WEB PAGE ADDRESS (URL) https://www.colinallred.com/ (Check if address is changed) DATE 07 2020 C00637868 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. Gail, David, , , Type or Print Name of Treasurer Gail, David,,, [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

			- 0
		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
Name Candi		Allred, Colin, , ,	
Candi Party	idate Affiliati	on DEM Office Sought: X House Senate President	State TX District 32
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candi			
Party	y Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Polit	ical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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 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.)	
Joint	Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to 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 t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC Form 1 (Revise	ed 02/2009)	Page 3
Write or Type Committee Na	ате	
Colin Allred fo	or Congress	
	d Organization, Affiliated Committee, Joint Fundraising Representative, or L	Leadership PAC Sponsor
Colin Allred Victory F	Fund	
Marking Address	611 Pennsylvania Ave SE	
Mailing Address	#143	
	Washington DC 2	20003
	CITY STATE	ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: lo books and records. 	dentify by name, address (phone number optional) and position of the perso	n in possession of committee
Mele, S	Steven, , ,	
Full Name	,611 Pennsylvania Ave SE	
Mailing Address		
	Num 143	
	Washington DC 2	20003
Title or Position	CITY STATE	ZIP CODE
Assistant Treasurer	1	1-1 1-1 1
	Telephone number	
3. Treasurer: List the name any designated agent (e.g	and address (phone number optional) of the treasurer of the committee; and g., assistant treasurer).	the name and address of
Full Name Gail, Da	avid	
of Treasurer		
Mailing Address	PO Box 601631	
	Dallas TX 7	75360
Title or Position	CITY STATE	ZIP CODE
Treasurer		552 0221
		I

FEC For i	m 1 (Revised 02/2009)	Page 4
Full Name of Designated	Mele, Steven, , ,	
Agent	1611 Pennsylvania Ave SE	
Mailing Address	Ste 143	
	Washington DC 20003	
		CODE
Title or Position Assistant Treas	surer	0221
	Telephone number	
Mailing Address	Amalgamated Bank 1825 K St NW Washington DC 20003	
	Machington.	
	CITY STATE ZIP	CODE
Name of Bank,	Depository, etc.	
Mailing Address		
	CITY STATE ZIP	CODE

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi	ig Faiticipant.			
1.		FEC ID nu	mber	
2.		FEC ID nu	mber	
3.		FEC ID nu	mber	
4.		FEC ID nu	mber	
ame of Any Connected	Organization, Affiliated Committee, Joint	Fundraising Repres	entative, o	or Leadership PAC Spon
Mailing Address	PO Box 6586			
	Arlington		VA	22206
Relationship:	CITY A	ST	ATE A	ZIP CODE ▲
		Joint Fundraising Re	presentativ	e Leadership PAC S
	Affiliated Committee Ty by name, address (phone number – option		presentativ	e Leadership PAC S
esignated Agent: Identi			presentativ	e Leadership PAC S
esignated Agent: Identi			presentativ	e Leadership PAC S
esignated Agent: Identi			presentativ	e Leadership PAC S
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esignated Agent: Identing Full Name Mailing Address	by by name, address (phone number – option	nal)	TE A	
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ___ **of** ____ 13__

(h). Joint Fundraisi	ig Faiticipant.		
1.		FEC ID number	С
2.		FEC ID number	С
3		FEC ID number	C
4.		FEC ID number	C
	Organization, Affiliated Committee, Joint Fun	draising Representativ	e, or Leadership PAC Spons
Lead the Way			
Mailing Address	1887 Whitney Mesa Dr		
	Suite 2980		
	Henderson	NV	89014
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		int Fundraising Represent	Leadership PAC Spo
	Affiliated Committee y Jo fy by name, address (phone number – optional)	int Fundraising Represent	Leadership PAC Spo
Designated Agent: Identi		int Fundraising Represent	Leadership PAC Spo
Pesignated Agent: Identi		int Fundraising Represent	Leadership PAC Spo
Pesignated Agent: Identi		int Fundraising Represent	Leadership PAC Spo
Pesignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)	int Fundraising Represent	Leadership PAC Spo
Pesignated Agent: Identi	fy by name, address (phone number – optional) CITY		
Pesignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisir	•		
1		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4		FEC ID number	С
ame of Any Connected Maintaining A Ma	Organization, Affiliated Committee, Joint Funda	raising Representative	e, or Leadership PAC Spon
Mailing Address	918 Pennsylvania Ave. SE		
	Washington	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		t Fundraising Representa	Leadership PAC S
	y by name, address (phone number – optional)	t Fundraising Hepresenta	Leadership PAC S
esignated Agent: Identif		t Fundraising Hepresenta	Leadership PAC S
esignated Agent: Identif		t Fundraising Hepresenta	Leadership PAC S
esignated Agent: Identif		t Fundraising Hepresenta	Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional)	STATE A	Leadership PAC S
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Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or material depository, etc	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or material depository, etc	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1.			
Name of Any Connected Organization Blue Texas Fund Mailing Address And Fl Washing Relationship: Connected Organization Designated Agent: Identify by name, and Full Name Mailing Address TITLE OR POSITION ▼ Banks or Other Depositories: List all safety deposit boxes or maintains fund Name of Bank, Depository, etc.		FEC ID number	С
Name of Any Connected Organization Blue Texas Fund Mailing Address And Fl Washing Relationship: Connected Organization Designated Agent: Identify by name, and Full Name Mailing Address TITLE OR POSITION Banks or Other Depositories: List all safety deposit boxes or maintains fund Name of Bank, Depository, etc.		FEC ID number	С
Name of Any Connected Organization Blue Texas Fund Mailing Address And Fl Washing Relationship: Connected Organization Designated Agent: Identify by name, and Mailing Address TITLE OR POSITION Banks or Other Depositories: List all safety deposit boxes or maintains fund Name of Bank, Depository, etc.		FEC ID number	С
Blue Texas Fund Mailing Address		FEC ID number	C
Mailing Address 2nd Fl	n, Affiliated Committee, Joint Fu	ndraising Representativ	re, or Leadership PAC Spons
Address 2nd Fl Washing Relationship: Connected Organizatio Designated Agent: Identify by name, a Full Name Mailing Address TITLE OR POSITION ▼ Banks or Other Depositories: List all safety deposit boxes or maintains fund Name of Bank, Depository, etc.			
Address 2nd Fl Washing Relationship: Connected Organizatio Designated Agent: Identify by name, a Full Name Mailing Address TITLE OR POSITION ▼ Banks or Other Depositories: List all safety deposit boxes or maintains fund Name of Bank, Depository, etc.			
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Relationship: Connected Organizatio Designated Agent: Identify by name, a Full Name Mailing Address TITLE OR POSITION Banks or Other Depositories: List all safety deposit boxes or maintains fund Name of Bank, Depository, etc.			
Connected Organization Designated Agent: Identify by name, a Full Name Mailing Address TITLE OR POSITION TITLE OR POSITION Banks or Other Depositories: List all safety deposit boxes or maintains fund Name of Bank, Depository, etc.	on	DC	20003
Designated Agent: Identify by name, a Full Name Mailing Address TITLE OR POSITION ▼ Banks or Other Depositories: List all safety deposit boxes or maintains fund Name of Bank, Depository, etc.	CITY A	STATE ▲	ZIP CODE ▲
TITLE OR POSITION ▼ Banks or Other Depositories: List all trafety deposit boxes or maintains fund safety depository, etc.			
Banks or Other Depositories: List all safety deposit boxes or maintains fund Name of Bank, Depository, etc.			
Banks or Other Depositories: List all safety deposit boxes or maintains fund Name of Bank, Depository, etc.			
Banks or Other Depositories: List all safety deposit boxes or maintains fund Name of Bank, Depository, etc.			
Name of Bank, Depository, etc.	CITY A	STATE ▲	ZIP CODE ▲
Name of Bank, Depository, etc.		Telephone Number	
	S.	ich the committee deposi	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** _____13___

h). Joint Fundraisi	ng i artioipant.		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
	l Organization, Affiliated Committee, Joint Fund	draising Representativ	e, or Leadership PAC Spon
The Big Six			
Martin Address	918 Pennsylvania Ave SE		
Mailing Address			
	Water	D0	20002
	Washington	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		int Fundraising Represent	ative Leadership PAC S
	Affiliated Committee Joint Joi	int Fundraising Represent	ative Leadership PAC S
esignated Agent: Identi		int Fundraising Represent	ative Leadership PAC S
esignated Agent: Identi		int Fundraising Represent	Ative Leadership PAC S
esignated Agent: Identi		int Fundraising Represent	Ative Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional)	int Fundraising Represent	
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)		
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite of the deposite boxes or market boxes.	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in whice	STATE A Telephone Number	ZIP CODE A
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisin		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Hold The House F	Frontline Fund		
Mailing Address	119 1ST Ave S		
Mailing Address	Ste 320		
	Seattle	, WA	98104
Relationship:	CITY A	STATE A	ZIP CODE A
riolationionip.	0111 🗷	SIAIL	ZII OODL A
	Affiliated Committee Joint by by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identify		Fundraising Representa	ative Leadership PAC S
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esignated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional) CITY		
esignated Agent: Identify Full Name	by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identify Full Name	ries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or mail	ries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identify Full Name	ries: List all banks or other depositories in which	STATE A	ZIP CODE A
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esignated Agent: Identify Full Name	ries: List all banks or other depositories in which	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

h). Joint Fundraisi n	g Participant:			
1.		FEC I	D number	C
2		FEC I	D number	C
3.		FEC I	D number	С
4.		FEC I	D number	C
	Organization, Affiliated Committee, Join	nt Fundraising Re	presentativ	e, or Leadership PAC Spor
Defending The Ne	ew Democrat Majority Fund			
	∣ 910 17th St NW			
Mailing Address	Ste 925			
			D0	20000
	Washington		DC	20006
Relationship:	CITY ▲		STATE ▲	ZIP CODE ▲
	d Organization	Joint Fundraisir	g Represent	ative Leadership PAC S
esignated Agent: Identify	d Organization Affiliated Committee		g Represent	ative Leadership PAC S
esignated Agent: Identify			g Represent	ative Leadership PAC S
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esignated Agent: Identify	by name, address (phone number – opti		g Represent	ative Leadership PAC S
esignated Agent: Identify	by name, address (phone number – opti	ional)	g Represent	
esignated Agent: Identify Full Name Ling Address	by name, address (phone number – opti	ional)	STATE A	
Full Name Mailing Address TITLE OR POSITION	by name, address (phone number – opti	Telephone N	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or mail	by name, address (phone number – opti	Telephone N	STATE A	ZIP CODE A
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Full Name Mailing Address TITLE OR POSITION anks or Other Deposito aftety deposit boxes or material depository, etc.	by name, address (phone number – opti	Telephone N	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito aftety deposit boxes or material depository, etc.	by name, address (phone number – opti	Telephone N	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017) for Lines 5(g) or (h), 6, 8

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
Go for Broke for	Veterans		
	20.5 45000		
Mailing Address	PO Box 15320		
	Washington	DC	20003
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee	t Fundraising Representa	ative Leadership PAC Sp
	Affiliated Committee Join Join by by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
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esignated Agent: Identi		t Fundraising Represent	Leadership PAC Sp
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esignated Agent: Identi	fy by name, address (phone number – optional)	t Fundraising Represent	
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)	t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY To pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	fy by name, address (phone number – optional) CITY CITY To pries: List all banks or other depositories in which	STATE A	ZIP CODE A
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

(h). Joint Fundraising	Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3		FEC ID number	C
4.		FEC ID number	С
New Congress Ful	Drganization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponso
Mailing Address	910 17th St NW		
	Ste 925		
	Washington	DC	20006
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
locionated Agent: Identify	by name, address (phone number – entional)		
Pesignated Agent: Identify Full Name	by name, address (phone number – optional)		
	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	CITY	STATE A	ZIP CODE A
Full Name	CITY A	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	CITY CITY Te	lephone Number	
Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor afety deposit boxes or mail lame of Bank, Depository, etc.	CITY CITY Te	lephone Number	