| Image# 202006109239662707 | | | | PAGE 1 / 4 |
|------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------|---------------------------------|
| FEC FORM 1 | STATEMEI ORGANIZ | | | Office Use Only |
| 1. NAME OF | (Check if name | Example: If typing, type | 12FE4M5 | |
| | is changed) | IN CO 2016 FE | | |
| | 1915 N. Central Expy., Suite | 150 | | |
| ADDRESS (number and street) | | | | |
| is changed) | Plano | | TX 1 | 75075 |
| | | | LL STATE ▲ | |
| COMMITTEE'S E-MAIL ADDF | RESS | | | |
| (Check if address is changed) | dsmith@collindemocra | ts.org | | |
| | Optional Second E-Mail Ad | | | |
| COMMITTEE'S WEB PAGE A (Check if address is changed) | DDRESS (URL) | | | |
| 2. DATE 06 / | 10 ⁷ Y Y Y Y 2020 | | | |
| 3. FEC IDENTIFICATION | NUMBER ► C C | 00624411 | | |
| 4. 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 i | t is true, correct a | ind complete. |
| Type or Print Name of Treasu | rer Smith, David, , , | | | |
| Signature of Treasurer | ith, David, , , | [Electronically Filed] | Date | / D D / Y Y Y Y 10 2020 |
| NOTE: Submission of false, erro | oneous, or incomplete information ANY CHANGE IN INFORMATI | may subject the person signing ON SHOULD BE REPORTED \ | | he 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) |

06/10/2020 16 : 03

| FEC FO | rm 1 (Revised 02/2009) | Page 2 |
|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| TYPE OF C | OMMITTEE | |
| Candidate | e 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. (Comp information below.) | blete the candidate |
| Name of Candidate | | |
| Candidate Party Affiliati | on Office Sought: House Senate President | State District |
| (C) | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Name of Candidate | | |
| Party Con | | |
| (d) X | | Democratic, Republican, etc.) Par |
| Political A | ction Committee (PAC): | |
| (e) | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conr | nected 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 seg committee. (i.e., nonconnected committee) | gregated fund or par |
| | 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 two committees/organizations, at least one of which is an authorized committee of a federal candidate. | o 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 |
| Com | mittees Participating in Joint Fundraiser | |
| 1. | FEC ID number | |
| 2. | FEC ID number | |
| 3. | FEC ID number | |
| | | |

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FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

DEMOCRATIC PARTY OF COLLIN CO 2016 FEDERAL COMMITTEE

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

| Mailing Address | | | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
| | | | | | | | | | |
| CITY STATE ZIP CODE | | | | | | | | | |
| Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor | | | | | | | | | |

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

| Smith, Dav | <i>i</i> d, , , |
|-------------------|------------------------------|
| Full Name | |
| Mailing Address | 101 E. Park Blvd., Suite 600 |
| | |
| | Plano TX 75074 |
| Title or Position | CITY STATE ZIP CODE |
| | Telephone 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 | Smith, David, , , |
|--------------------------------|-------------------------------|
| Mailing Address | 101 E. Park Blvd., Suite 600 |
| | |
| | Plano |
| | CITY STATE ZIP CODE |
| Title or Position Treasurer | Telephone number 972 835 8640 |

FEC Form 1 (Revised 02/2009)

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | _ |
|-------------------------------------|------|--|--|--|--|--|--|--|----------------|--|--|--|--|------|-----|-----|------|-----|-----|--|--|--|--|--|--|---|--|---|
| Full Name of Designated Agent | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | - | | |
| | CITY | | | | | | | | STATE ZIP CODE | | | | | | | | | | | | | | | | | | | |
| Title or Position | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | Tele | eph | one | e ni | umt | 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.

| L | Prosperity | | |
|------------------|-------------------|---------------|----|
| Mailing Address | 1201 East 14th st | | |
| | | | |
| | Plano | TX 75074 | |
| | CITY | STATE ZIP COL | DE |
| Name of Bank, De | pository, etc. | | |
| L | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| | CITY | STATE ZIP COL | DE |