Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 X COMMITTEE (in full) over the lines. is changed) COLLIN COUNTY DEMOCRATIC PARTY FEDERAL COMMITTEE 6829 K Avenue ADDRESS (number and street) Suite111 (Check if address is changed) Plano 75074 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address treasurer@collindemocrats.org is changed) Optional Second E-Mail Address backup.treasurerccdp@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.collindemocrats.org (Check if address is changed) DATE 2020 C00624411 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. Type or Print Name of Treasurer FLORES, JARED, , FLORES, JARED, . . Date 04 13 2024 Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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

Local 202-694-1100

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TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information be	pelow.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. information below.)	(Complete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate Pro	State esident District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee	
Name of Candidate	
Party Committee:	
(d) X This committee is a SUB (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.)) Its connected 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 separation committee. (i.e., nonconnected committee)	ate segregated 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.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution account	nts (Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburses net proce committees/organizations, at least one of which is an authorized committee of a federal committee.	•
This committee collects contributions, pays fundraising expenses and disburses net proce committees/organizations, none of which is an authorized committee of a federal candidate	•
Committees Participating in Joint Fundraiser	
1 C	

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Write	or	Type	Committee	Name	
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COLLIN COUNTY			MITTEE
COLLIN COUNT I	DEMOCINATIO		

	0022	. 5253	. ,		
6.		rganization, Affiliated Commi	tee, Joint Fundraising Rep	resentative, or Leader	ship PAC Sponsor
	NONE				
	Mailing Address				
		CITY	A	STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Orga	nization Joint Fundraisin	g Representative	Leadership PAC Sponsor
	Custodian of Records: Identi	ify by name, address (phone nu	mber ontional) and position	of the person in possess	sion of committee
<i>'</i> .	books and records.	ny by hame, address (phone ha	niber optional) and position	or the person in possess	sion of committee
	FLORES, J	IARED, , ,			
	Full Name				
	Mailing Address	6829 K AVENUE			
		SUITE 111			
		PLANO		TX 75074	
		CITY	A	STATE ▲	ZIP CODE ▲
	Title or Position ▼				
	TREASURER		Telephone nui	mber 469	352 - 5034
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number op assistant treasurer).	otional) of the treasurer of the	e committee; and the n	ame and address of
	Full Name FLORES, J	JARED, , ,			
	of Treasurer				
	Mailing Address	6829 K AVENUE			
		SUITE 111			
		PLANO		TX 75074	
		CITY	A	STATE ▲	ZIP CODE ▲
	Title or Position ▼				
I	TREASURER		Telephone nui	mber 469	352
1					

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Full Name Designated Agent	of FLORES, JARED, , ,					
Mailing Add						
	SUITE 111	, , TX , , 75074				
	PLANO					
Title or Pos	CITY ▲	STATE ▲	ZIP CODE ▲			
TREASUR	ER 	lephone number 469	352 - 5034			
. Banks or 0 safety depo	Other Depositories: List all banks or other depositories in which sit boxes or maintains funds.	the committee deposits funds, holds	accounts, rents			
Name of Ba	Name of Bank, Depository, etc.					
	Prosperity Bank					
Mailing Add	ress 1573 Alma Drive					
	Plano 	TX 75074				
	CITY ▲	STATE ▲	ZIP CODE ▲			
Name of Ba	Name of Bank, Depository, etc.					
Mailing Add	ress					
	CITY ▲	STATE ▲	ZIP CODE ▲			