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FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED FEC MAIL CENTER

2016 AUG 22 PM 12: 17.

NAME OF COMMITTEE (in full)	28 11 3	Check if name s changed)	Example: If typing over the lines.	ı, type	rE4M5
DEMOCRIATION	PAIR	4T1Y1 101F	i Gorlilizini	100 201	16 FEDERAL
COMMITTER				<u> </u>	
ADDRESS (number and street)	لنوبنا	ISI INI IC	JENTRIAILI IE	EXIPIRIES!	SIWAIYIIIIII
(Check if address is changed)	SUI	ITIEL US			<i>,</i>
		ilVioi I I I TY ▲		STAT	75075-111 ZIP CODE A
COMMITTEE'S E-MAIL ADDRES	SS				
(Check if address is changed)	FILIN	A MICIEL	COILL EINDE	MOICIRIAT	78-101891111111
		Second E-Mai			
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COMMITTEE'S WEB PAGE ADD	RESS (Ú	RL)			
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	Taa	1 1 1 1 1 1 1			
2. DATE (68)	5 8	016			
3. FEC IDENTIFICATION NUMBER ▶					
4. IS THIS STATEMENT	NEW	(N) OF	AMEND	ED (A)	
I certify that I have examined thi	s Stateme	ent and to the I	pest of my knowledge ar	nd belief it is true	, correct and complete.
Type or Print Name of Treasurer ROBERT BOTTON.					
Signature of Treasurer	Robe	it B	etton	Date	08' 76' 2016
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 Use Only				formation contact: on Commission 424-9530	FEC FORM 1 (Revised 06/2012)

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5.			OMMITTEE					
		Candidate 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								
	Candidate		Office Fig. 17	State				
	Party	Affiliation	on	District				
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.								
	Name Candi							
	Party Committee:							
	(d)	X	(National, State (De	mocratic, publican, etc.) Party.				
	Polit	ical A	ction Committee (PAC):	;				
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) its connected organization on line 6.)	cted organization is a:				
			Corporation Corporation w/o Capital Stock	abor Organization				
			Membership Organization Trade Association	ooperative				
			In addition, this committee is a Lobbyist/Registrant PAC.					
	(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	gated 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	Iraising 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.	or more political				
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two	r more political				
		<u></u>	committees/organizations, none of which is an authorized committee of a federal candidate.	•				
		Com	mittees Participating in Joint Fundraiser	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
		1.	FEC ID number					
		2.	FEC ID number					
		3.	FEC ID number C	~				
		4.	FEC ID number	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				

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Write or Type Committee Nam						
	•					
6. Name of Any Connected	Organization, Affiliated Committee, Joint	Fundralsing Represer	ntative, or Leadership PAC Sponsor			
		<u> </u>				
Mailing Address						
			ــنا-لـــبـالــــــــــا			
	CITY	SI	TATE ZIP CODE			
Relationship: Connecte	Relationship: Connected Organization Affillated Committee Joint Fundraising Representative Leadership PAC Sponsor					
 Custodian of Records: Idea books and records. 	ntify by name, address (phone number o	ptional) and position o	of the person in possession of commit			
Full Name Roß	Full Name ROBERT BUTTION					
Mailing Address	LIGHTS IN CENTRAL	LI FAXIPIRIEIS	SINIAYIII			
	SINITIES 11501 1 1 1		. 			
	RILANDIIII	لا لىسى	X 75075-LI			
Title or Position	CITY	STA	ATE ZIP CODE			
TREASNIRER		Telephone number	9,7,21-15,7,81-11,4,8			
Treasurer: List the name all any designated agent (e.g.,	nd address (phone number – optional) of the assistant treasurer).	ne treasurer of the con	nmittee; and the name and address o			
Full Name of Treasurer RoB	ERITI BUITITION					
Mailing Address	LIAITIKI IN ICIENITIKIAIL	-1 IEXIPIRIES	SISIWIAIYIIIII			
	SMITE 11501111					
	CITY	TI LLLLL sts	X 75075-LI			
Title or Position TIRIEIAISIUIRIEIR		Telephone number	972-678-148			

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Full Name of

Collin County Democratic Party 1915 N. Central Expy, Suite 150 Plano, TX 75075

NORTH TEXAS TX PADC DALLAS TX 750 17 AUG 2016 PN 12 L

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Next Business	s Day Delivery
Received from House Records & Registration Office	Date of Receipt
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Received from Electronic Filing Office	Date of Receipt
Other (Specify):	eceipt or Postmarked
PREPARER (3/2015)	8/2/16 DATE PREPARED
(5/2010)	