PAGE 1 / 4 =

FEC FORM 1			TATEM RGAN													,		
												Offic	e Use	Only				
NAME OF COMMITTEE (in	full)		Check if names changed)		Example over the	e:If typii e lines.	ng, typ	е	12	FE4	1M5]				
Shannon D	ubberl	y for (Congre	SS														
																		_
ADDRESS (number a	nd street)	PO Box 1	172614 															
(Check if a is changed		1		1 1 '	l I I	1 1 1	1 1			I I		ı		1 1	ı	1 1	ı	
is changed	')	Arlington	1					ī	T	X		76003	3	. 1	_			_
		CI	TY 🛦						ST	ATE A				ZIP	COD	E		_
COMMITTEE'S E-MA	AL ADDRES	SS																
(Check if a			BBERLY@0	GMAIL.	СОМ													
is changed																		╛
		Optional	Second E-Ma	il Addres	SS	1 1 1	1 1			1 1		ı	1 1	1 1		1 1	1	ı
																		_
COMMITTEE'S WEB (Check if a is changed	address	L L L	∃L)															
2. DATE 12		D / Y	2017															
3. FEC IDENTIFIC	CATION NU	MBER ▶	. C	; C006	62494													
4. IS THIS STATEM	MENT X	NEW	(N) O	R		AMEN	DED (A)										
I certify that I have e	examined th	is Stateme	nt and to the	best of	my kno	wledge a	and be	lief it	is tru	e, co	rrect	and c	ompl	ete.				
Type or Print Name	of Treasurer	Dubberly	y, Sabrina, , ,															
Signature of Treasure	er <i>Dubbe</i>	rly, Sabrina,	,,		[El	ectronica	lly Filed	ij	Date		M = N	′	05	/	Y	y 2017	Y	Υ
NOTE: Submission of			omplete inform	-			_	-				the pe	enaltie	es of	2 U.S	3.C. §	§437	g.
Office Use Only					Fed Tol	r further deral Electorial Free 800 cal 202-69	tion Con 0-424-95	nmissi						FO sed 0				

FEC I	Form 1 (Revised 02/2009)	Page 2
TYPE OF	COMMITTEE	
Candida	te Committee:	
(a) x	This committee is a principal campaign committee. (Complete the candidate information below	<i>i</i> .)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Coninformation below.)	mplete the candidate
Name of Candidate	Dubberly, Shannon, Michael, ,	<u> </u>
Candidate	Office REP Sought: House Senate President	State
Party Affili	ation REP Sought: K House Senate President	District 06
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co	mmittee:	
(d)	This committee is a (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 co	onnected 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 scommittee. (i.e., nonconnected committee)	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.)	
Joint Fu	ndraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for 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 toommittees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Co	mmittees 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	ame	
Shannon Dub	berly for Congress	
6. Name of Any Connected	d Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Custodian of Records: lo	dentify by name, address (phone number optional) and position of the personal	
books and records.		
Dubber Full Name	ly, Sabrina, , , 	
Mailing Address	4505 Summerbrook CIR	
	Fort Worth TX	76137
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 817	301 2370
Treasurer: List the name any designated agent (e.g	and address (phone number optional) of the treasurer of the committee; and assistant treasurer).	d the name and address of
Full Name Dubberl of Treasurer	ly, Sabrina, , ,	
Mailing Address	4505 Summerbrook CIR	
	Fort Worth TX CITY STATE	76137 ZIP CODE

FEC For	m 1 (Revised 02/2009)	Page 4
Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit b	Pr Depositories: List all banks or other depositories in which the committee deposits funds, ho boxes or maintains funds. Depository, etc. Wells Fargo	olds accounts, rents
safety deposit b	Depository, etc. Wells Fargo 18600 N Beach St	
safety deposit t Name of Bank,	Depository, etc. Wells Fargo 8600 N Beach St	
safety deposit to Name of Bank, Mailing Address	Depository, etc. Wells Fargo 8600 N Beach St Fort Worth TX 76244	
safety deposit to Name of Bank, Mailing Address	Depository, etc. Wells Fargo 8600 N Beach St Fort Worth TX 76244	
safety deposit to Name of Bank, Mailing Address Name of Bank,	Depository, etc. Wells Fargo 8600 N Beach St Fort Worth CITY STATE Depository, etc.	
safety deposit to Name of Bank, Mailing Address	Depository, etc. Wells Fargo 8600 N Beach St Fort Worth CITY STATE Depository, etc.	
safety deposit to Name of Bank, Mailing Address Name of Bank,	Depository, etc. Wells Fargo 8600 N Beach St Fort Worth CITY STATE Depository, etc.	