Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. College Democrats of America 1724 Burdette Street ADDRESS (number and street) 7153 Bates College (Check if address is changed) **New Orleans** 70118 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS justinanthartley@gmail.com (Check if address is changed) Optional Second E-Mail Address president@collegedemocratsofamerica.com COMMITTEE'S WEB PAGE ADDRESS (URL) https://www.collegedemocratsofamerica.org (Check if address is changed) DATE 08 2023 C00808378 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. Hartley, Jay, , , Type or Print Name of Treasurer Hartley, Jay,,, [Electronically Filed] Date 06 2023 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

Toll Free 800-424-9530 Local 202-694-1100

(Revised 06/2012)

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. TYPE OF COMMITTEE:						
Candidate Committee:						
(a) This committee is a principal campaign committee. (Complete the cand	didate 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 Sought: House So	enate President District					
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.						
Name of Candidate						
Party Committee:						
(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)	anization on line 6.) Its connected organization is a:					
Corporation Corporation w/o Capita	al Stock Labor Organization					
Membership Organization Trade Association	Cooperative					
In addition, this committee is a Lobbyist/Registrant PAC.						
(f) X This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated function committee. (i.e., nonconnected committee)						
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 accounts (Hybrid PAC).					
In addition, this committee is a Lobbyist/Registrant PAC.						
Joint Fundraising Representative:						
(i) This committee collects contributions, pays fundraising expenses and committees/organizations, at least one of which is an authorized committee.	·					
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.						
Committees Participating in Joint Fundraiser						
1.	C					
	C					

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٧	/rite or Type Committee Name					
		crats of America				
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor NONE					
	Mailing Address					
		CITY A		STATE ▲	ZIP CODE ▲	
	Relationship: Connected	Organization Affiliated Organization	Joint Fundraising	g Representative	Leadership PAC Sponso	
	_	_			_	
7.	Custodian of Records: Identi books and records.	ify by name, address (phone number op	otional) and position o	of the person in po	ossession of committee	
	Hartley, Ja	у, , ,				
	Full Name					
	Mailing Address	1724 Burdette Street				
		New Orleans		LA 7	70118	
		CITY ▲		STATE ▲	ZIP CODE ▲	
	Title or Position ▼					
	President		Telephone nun	nber 224	_ 637 _ 4752	
3.	Treasurer: List the name an any designated agent (e.g., a	d address (phone number optional) of assistant treasurer).	f the treasurer of the	committee; and	the name and address of	
	Full Name Hartley, Ja	у, , ,				
	of Treasurer					
	Mailing Address	1724 Burdette Street				
		New Orleans		LA 7	70118	
		CITY A		STATE ▲	ZIP CODE ▲	
Title or Position ▼						
	President		Telephone nun	nber 224	_ 637 _ 4752	

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Full Name of Designated Agent	Hartley, Justin, , ,							
Mailing Address	1724 Burdette Street							
	New Orleans	LA LA	70118					
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲					
President		elephone number 224	637 - 4752					
	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, De	Name of Bank, Depository, etc.							
	Bank of America							
Mailing Address	425 State Rd 13							
	Jacksonville	FL L	32259					
	CITY ▲	STATE ▲	ZIP CODE ▲					
Name of Bank, Depository, etc.								
I								
Mailing Address								
	CITY ▲	STATE ▲	ZIP CODE ▲					