Only

## STATEMENT OF

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**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Collins for Texas 6119A Greenville Ave ADDRESS (number and street) Ste 423 (Check if address is changed) **Dallas** 75206 TX CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@campaignfinancial.com (Check if address is changed) Optional Second E-Mail Address skthomas@gcforcongress.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.gcforcongress.com (Check if address is changed) DATE 2020 C00715235 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. Thomas, Sandra, K,, Type or Print Name of Treasurer Thomas, Sandra, K,, [Electronically Filed] 10 2020 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. 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

F	EC Fo	orm 1 (Revised 02/2009) Page 2	
		COMMITTEE	
	aldate	This committee is a principal committee (Complete the candidate information below)	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	
(b) Name	e of	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candida information below.)  Collins, Genevieve, D, ,	ıte
Cand	idate		
Cand Party	idate Affiliati	ion REP Office State Senate President	TX 32
		District	32
(c)	Ш	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Part	y Con	nmittee:	
(d)		(National, State (Democratic, This committee is a committee of the Republican, etc.)	Party.
Polit	tical A	Action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	on is a
		Corporation Corporation w/o Capital Stock Labor Organiza	tion
		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 segregated fund or committee. (i.e., nonconnected committee)	party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint	t Func	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.	ય
(h)		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.	ıl
	Com	nmittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Nam		<u> </u>
Collins for Texa	as	
	Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	lership PAC Sponsor
COLLINS FOR TX-32	<u>.</u> 	
Mailing Address	PO BOX 30844	
	BETHESDA MD 2082  CITY STATE	4 ZIP CODE
	ed Organization X Affiliated Committee Joint Fundraising Representative entify by name, address (phone number optional) and position of the person in	Leadership PAC Sponsor
	n Financial Continue	
Full Name	n, Financial Services, , ,	
Mailing Address	PO Box 30844	
	Bethesda MD 2082	4
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number	654 - 3220
Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	name and address of
Full Name Thomas, of Treasurer	Sandra, K, ,	
Mailing Address	6119A Greenville Ave	
	Ste 423	
	Dallas TX 7520 CITY STATE	6 ZIP CODE
Title or Position Committee Treasurer	Telephone number	

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit box	xes or maintains funds.	
safety deposit box Name of Bank, D	Wells Fargo Bank  8302 Woodmont Avenue	
safety deposit box Name of Bank, D	ves or maintains funds. Depository, etc.  Wells Fargo Bank	
safety deposit box Name of Bank, D	Wells Fargo Bank  8302 Woodmont Avenue	ZIP CODE
safety deposit box Name of Bank, D	Wells Fargo Bank  8302 Woodmont Avenue  Bethesda  CITY  STATE	ZIP CODE
safety deposit box Name of Bank, D Mailing Address	Wells Fargo Bank  8302 Woodmont Avenue  Bethesda  CITY  STATE  Depository, etc.	ZIP CODE
safety deposit box Name of Bank, D Mailing Address	Depository, etc.  Wells Fargo Bank  8302 Woodmont Avenue  Bethesda  CITY  STATE  Depository, etc.  Truist (Formerly BB&T)	ZIP CODE
safety deposit box Name of Bank, D Mailing Address	Wells Fargo Bank  8302 Woodmont Avenue  Bethesda  CITY  STATE  Depository, etc.	ZIP CODE
safety deposit box Name of Bank, D  Mailing Address  Name of Bank, D	Depository, etc.  Wells Fargo Bank  8302 Woodmont Avenue  Bethesda  CITY  STATE  Depository, etc.  Truist (Formerly BB&T)	ZIP CODE
safety deposit box Name of Bank, D  Mailing Address  Name of Bank, D	Depository, etc.  Wells Fargo Bank  8302 Woodmont Avenue  Bethesda  CITY  STATE  Depository, etc.  Truist (Formerly BB&T)	ZIP CODE

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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1.			
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
lame of Any Connected	d Organization, Affiliated Committee, Joint F	undraising Representativ	e, or Leadership PAC Spons
Mailing Address	228 S. WASHINGTON ST.		
	STE. 115	<u> </u>	
	ALEXANDRIA	VA V	22314
	CITY A	STATE ▲  Joint Fundraising Represent	ZIP CODE A
esignated Agent: Identi	CITY ▲ ed Organization Affiliated Committee	STATE ▲  Joint Fundraising Represent	ZIP CODE A
Connecte esignated Agent: Identi	CITY ▲ ed Organization Affiliated Committee	STATE ▲  Joint Fundraising Represent	ZIP CODE A
esignated Agent: Identi	CITY ▲ ed Organization Affiliated Committee	STATE ▲  Joint Fundraising Represent	ZIP CODE A
esignated Agent: Identi	CITY A  ed Organization Affiliated Committee  fy by name, address (phone number – options	STATE A  Joint Fundraising Represent	ZIP CODE A ative Leadership PAC Sp
esignated Agent: Identi	CITY A  ed Organization Affiliated Committee  fy by name, address (phone number – options)	STATE ▲  Joint Fundraising Represent	ZIP CODE A

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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1			
2.		FEC ID number	C
		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
Name of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Sponso
Mailing Address	5900 MEMORIAL DR STE 215		
	HOUSTON	TX L	77007
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte		Fundraising Representa	ative Leadership PAC Spo
Connecte	d Organization Affiliated Committee	Fundraising Representa	Leadership PAC Spo
Connecte  Connecte  Designated Agent: Identif	d Organization Affiliated Committee	Fundraising Representa	Leadership PAC Spo
Connecte  Designated Agent: Identif	d Organization Affiliated Committee	Fundraising Representa	Leadership PAC Spo
Connecte  Designated Agent: Identif	d Organization Affiliated Committee Joint by by name, address (phone number – optional)		
Connecte  Designated Agent: Identif	d Organization Affiliated Committee Joint  y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Spo

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## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
Name of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraising Representative	e. or Leadership PAC Spons
=	EXAS VICTORY FUND		<u> </u>
Mailing Address	PO BOX 30844		
	BETHESDA	MD	20824
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Full Name	y by name, address (phone number – optional		
	_		
Mailing Address			
Mailing Address			
Mailing Address			
Mailing Address  TITLE OR POSITION	CITY A	STATE ▲	ZIP CODE A
	CITY A	STATE   Telephone Number	ZIP CODE A
TITLE OR POSITION  Banks or Other Deposite safety deposit boxes or management of Bank,	ories: List all banks or other depositories in wh	Telephone Number	
TITLE OR POSITION	ories: List all banks or other depositories in wh	Telephone Number	
TITLE OR POSITION  Banks or Other Deposite safety deposit boxes or manner of Bank, Depository, etc.	ories: List all banks or other depositories in wh	Telephone Number	
TITLE OR POSITION  Banks or Other Deposite safety deposit boxes or manner of Bank, Depository, etc.	ories: List all banks or other depositories in wh	Telephone Number	