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FEC FORM 1			EMEN <sup>-</sup> ANIZA <sup>-</sup>						Office	Use On	PAGE	1/4 —
1. NAME OF COMMITTEE (ir	ı full)	(Check if is change		Example over the	e:If typing, e lines.	type	12F	E4M5	5			
Friends of	Jessica	Mason										
ADDRESS (number a	nd street)	9725 Ash Creek D	rive									
(Check if a is changed												
	*)	Dallas │ │ │ │ │ │ │ CITY ▲						_ E ▲	75228	 		└   _   Ξ ▲
COMMITTEE'S E-MA	AIL ADDRES	S										
(Check if a is changed		masonforthepe	eople2022@	@gmail.					1 _11	II		
lo ondrigot	*)	Optional Second	E-Mail Addre	ss								
		L										
COMMITTEE'S WEB	address	RESS (URL)	:ongress.com 	1								
2. DATE	5 / D 10	2021 y y y	Y									
3. FEC IDENTIFIC	Cation NU	MBER 🕨	<b>C</b> C007	764662								
4. IS THIS STATEN		NEW (N)	OR	×	AMENDE	D (A)						
I certify that I have e	examined this	s Statement and to	o the best of	my know	vledge and	belief it	is true,	correct	and co	omplete		
Type or Print Name	of Treasurer	Jagnarain, Kavin,	3 3									
Signature of Treasure	ər Jagnar	ain, Kavin, , ,		[El	ectronically F	filed]	Date	05		13		y y y 2021
NOTE: Submission of		ous, or incomplete in ANY CHANGE IN IN								nalties c	of 2 U.S.	C. §437g
Office Use Only				Fec Toll	further infor leral Election Free 800-424 al 202-694-11	Commissio 4-9530					ORM 06/2012	

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FI	EC Foi	rm 1 (Revised 02/2009) Page 2
TYPE	OF C	OMMITTEE
Canc	lidate	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 Candio		Mason, Jessica, , ,
Candio		DEM Office State TX Sought: X House Senate President
Party	Affiliatio	on DEM Sought: X House Senate President 30
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name Candio		
Party	/ Com	mittee:
(d)		This committee is a(National, State or subordinate) committee of the(Democratic, Republican, etc.) Party.
Politi	ical A	ction 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 separate segregated fund or party 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.)
Joint	Fund	raising 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.
(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.
	Com	mittees Participating in Joint Fundraiser
	1.	FEC ID number
	2.	FEC ID number
	3.	FEC ID number
	4.	FEC ID number

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Write or Type Committee Name

## Friends of Jessica Mason

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

N															
	Mailing Address														
		CITY	STAT	TE ZIP CODE											
	Relationship: Connecte	ed Organization Affiliated Committee	Joint Fundraising Repre	sentative Leadership PAC Sponsor											
7.	Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.														
	Jagnarai Full Name	n, Kavin, , ,													
	Mailing Address	8 Avenue Twenty													
		Trophy Club		76262											
	Title or Position	CITY	STATE	E ZIP CODE											
	Campaign Manager		Telephone number												
8.	Treasurer: List the name a	nd address (phone number optional) of the	treasurer of the comm	vittee, and the name and address of											

 Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name Jacobia Jaco	lagnarain, Kavin, , ,
Mailing Address	8 Avenue Twenty
	Trophy Club TX 76262
	CITY STATE ZIP CODE
Title or Position Campaign Manager	rr Telephone number757 897 2015

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent																													
Mailing Address																													
			L																										
			L																	L			L						
	CITY																:	ST/	λΤΕ				ZII	Р (	DE				
Title or Position																													
															Tele	eph	ione	e n	umt	ber									

9. 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, Depository, etc.

	BBVA																							
Mailing Address	62	240 E Mo	ocking	gbird	Ln																			
	L																							
		allas												l	ТХ		7	521	4			] – [		
						CIT	Y							S	ΓΑΤΙ	Ξ				ZI	> C	OD	E	
Name of Bank, I	Depository, etc.																							
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Mailing Address	L																							
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						CIT	Y							S	TATI	Ξ				ZIF	> C	OD	E	