

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

Rick Collins Campaign

ADDRESS (number and street) 4150 Lake Circle North

(Check if address is changed)

Mobile CITY ▲ STATE ▲ ZIP CODE ▲ 36693

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) rickcollins08@gmail.com

Optional Second E-Mail Address jeff@jacksonsmithcpa.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed) rickcollinsforcongress.com

2. DATE 10 / 30 / 2019

3. FEC IDENTIFICATION NUMBER ► C C00725069

4. 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.

Type or Print Name of Treasurer Collins, Frederick, G. Rick', Mr., Jr.

Signature of Treasurer Collins, Frederick, G. Rick', Mr., Jr. [Electronically Filed] Date 11 / 12 / 2019

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.

5. TYPE OF COMMITTEE

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 Collins, Frederick, G. Rick', , Jr.

Candidate Party Affiliation DEM Office Sought: House Senate President State AL District 01

- (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 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 Fundraising 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.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C _____
2. _____ FEC ID number C _____
3. _____ FEC ID number C _____
4. _____ FEC ID number C _____

Write or Type Committee Name

Rick Collins Campaign

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

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative 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.

Full Name Collins, Frederick, G. Rick', Mr., Jr.

Mailing Address P. O. Box 9693

Mobile

AL

36691

Title or Position

CITY

STATE

ZIP CODE

Candidate/Treasurer

Telephone number

251

510

2011

8. 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 of Treasurer Collins, Frederick, G. Rick', Mr., Jr.

Mailing Address P. O. Box 9693

Mobile

AL

36691

Title or Position

Candidate/Treasurer

CITY

STATE

ZIP CODE

Telephone number

251

510

2011

Full Name of Designated Agent

[]

Mailing Address

[]

[]

[] - [] - []

CITY

STATE

ZIP CODE

Title or Position

[]

Telephone number

[] - [] - []

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.

Community Bank of Mississippi

[]

Mailing Address

Springhill Branch

111 West I-65 Service Road North

Mobile AL 36608

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[]

Mailing Address

[]

[]

[] - [] - []

CITY

STATE

ZIP CODE