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01/13/2024 13 : 57

STATEMENT	OF
ORGANIZATI	ON

FEC FORM 1		STATE ORGA					Office	P Use Only	AGE 1 / 4 ——
1. NAME OF COMMITTEE (in	full)	(Check if n is changed)		Example: If typing, ty	ype	l2FE4M			
College Dem	ocrats	of America							<u> </u>
ADDRESS (number an	d street)	3910 E Brighton Cre	st						
(Check if a									
is changed)		Bloomington				IN I	47401		
		CITY A				STATE ▲		ZIP C	ODE 🔺
COMMITTEE'S E-MA		SS							
(Check if a is changed)		Alexogden55@gm	ail.com						
<i>.</i> ,		Optional Second E							1
COMMITTEE'S WEB (Check if a is changed)	ddress	DRESS (URL)							
2. DATE 08	и / D 07	D / Y Y Y Y 2023]						
3. FEC IDENTIFIC	ation Nu	IMBER 🕨	C C008	08378					
4. IS THIS STATEM	ENT	NEW (N)	OR		D (A)				
I certify that I have ex	kamined thi	is Statement and to	the best of	my knowledge and I	belief it is	true, correc	ct and cor	mplete.	
Type or Print Name o	f Treasurer	Ogden, Alexander,	M, ,						
Signature of Treasure	Ogder	n, Alexander, M, ,			Da	ate 0	M / D	13 [/]	y y y y 2024
NOTE: Submission of fa	alse, errone			y subject the person s N SHOULD BE REPO				alties of 52	2 U.S.C. §3010
Office Use Only				For further inform Federal Election C Toll Free 800-424- Local 202-694-110	Commission -9530	ict:		EC FOF Revised 06/	

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5.	TYPE O	F COMMITTEE:	
	Candid	ate 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 information below.)	candidate
	Name Candic		
	Candic		State
	Party A	Affiliation Sought: House Senate President	District
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Nam		
	Canc	lidate	
	(d) Politica	This committee is a (National, State or subordinate) committee of the Republican, Al Action Committee (PAC):	
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	l organization is a:
		Corporation Corporation w/o Capital Stock Labor Or	ganization
		Membership Organization Trade Association Cooperat	ive
		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 committee. (i.e., nonconnected committee)	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.)	
	(g) 🗙	This committee is an independent expenditure-only political committee (Super PAC).	
		X 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	C).

Joint Fundraising Representative:

(i) 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.
(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.
2.

In addition, this committee is a Lobbyist/Registrant PAC.

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	FEC Form 1 (Re	vise	d 02	2/200)9)																											Pa	ge	3	
١	Write or Type Committee	Nar	ne																																
	College Den	າວດ	cra	ats	of	A	m	e	ric	а																									
6.	Name of Any Conne	cted	Or	gani	zati	on,	Aff	ilia	ted	С	om	mit	ttee	e, J	loir	nt F	⁼un	dra	isi	ng	Re	pre	sei	nta	tive	, o	r L	.ea	der	shi	рI	PAC	; s	por	ısor
		I	I	1 1	I		I	I	I	I	I	I	I	I	I	I	I	I	I	I	I		I	I	I	I	I	I	I	I		1	I	I	I
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	Mailing Address								1	I	1	1	1	1	1	1	1	1	1	1	1		1	1	1	1	1			1					

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			CI	TY 🔺					S	TATE	E 🔺			ZIF	o cc	DE			
Relationship: Connected C	Organization	Aff	iliated (Organiz	ation	Joint	t Fund	Iraisir	ng F	Repre	sent	ativ	е	Lea	dersh	nip P	AC	Spons	:01

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Ogden, Ale	exander, M, ,
Full Name	
Mailing Address	3910 E Brighton Crest
	Bloomington
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Development	Telephone number 812 - 650 - 8980

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	Ogden, Alexander, M, ,
Mailing Address	3910 E Brighton Crest
	Bloomington
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	7
Development	Image:

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Full Name of Designated Agent		
Mailing Address		
	CITY A STATE A	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.

	Bank of America	<u> </u>	
Mailing Address	425 State Rd 13		
	Jacksonville	FL	32259
	CITY 🔺	STATE 🔺	ZIP CODE
Name of Bank, [Depository, etc.		
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲