Image# 202102249428822544			_	PAGE 1 / 4
FEC FORM 1	STATEMEI ORGANIZ			FAGE 174
			Of	fice Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Squires For Cor	ngress			
ADDRESS (number and street)	4526 Greenwood Trace Lane			
<ul><li>(Check if address is changed)</li></ul>				
	Katy CITY ▲		TX 1774 STATE ▲	94 
COMMITTEE'S E-MAIL ADDF	RESS			
(Check if address is changed)	jsquires2727@gmail.co	<b>om</b>		
	Optional Second E-Mail Ad	dress ress.com		
COMMITTEE'S WEB PAGE A (Check if address is changed)	DDRESS (URL)	ss.com/		
	14 <sup>7</sup> Y Y Y Y 2020			
3. FEC IDENTIFICATION I	NUMBER ► C c	00764670		
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 Treasu	rer Squires, James, Scott, ,			
Signature of Treasurer	uires, James, Scott, ,	[Electronically Filed]	Date 02	24 / Y Y Y Y 2021
NOTE: Submission of false, erro	pneous, or incomplete information ANY CHANGE IN INFORMATI	may subject the person signing ON SHOULD BE REPORTED		penalties of 2 U.S.C. §437g.
Office Use Only		For further information Federal Election Commis: Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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	FEC Fo	orm 1 (Revised 02/2009)	Page <b>2</b>
TYP	E OF C	COMMITTEE	
Car	ndidate	e 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.)	e candidate
	ne of didate	Squires, James, Scott, ,	
	didate y Affiliati	tion DEM Office State Senate President Dist	22
(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	ne of didate		
Par	ty Con	nmittee:	
(d)		This committee is a      (National, State or subordinate) committee of the      (Democratical Republical	ratic, can, etc.) Party.
Pol	itical A	Action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected or	organization is a
		Corporation Corporation w/o Capital Stock Labor	Organization
		Membership Organization Trade Association Coope	erative
		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)	d 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.)	
Joir	nt Func	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or mo committees/organizations, at least one of which is an authorized committee of a federal candidate.	re political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, none of which is an authorized committee of a federal candidate.	re political
	Com	nmittees 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

## **Squires For Congress**

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

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.

Squires, Ja	ames, Scott, ,
Full Name	
Mailing Address	4526 Greenwood Trace Lane
	Katy TX 77494
Title or Position	CITY STATE ZIP CODE
	Telephone number    832    778    0027

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  Squires, Jacobic    of Treasurer	ames, Scott, ,		
Mailing Address	4526 Greenwood Trace Lane		
	Katy   _   _   _   _   _   _   _   _   _   _		77494
	CITY	STATE	ZIP CODE
Title or Position		Telephone number	832 - 778 0027

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Full Name of Designated Agent																								1				_
Mailing Address																												
																											1	
						(	CIT	Y								9	STA	ΤE				ZI	PC	OD	Ε			
Title or Position																												
												Tele	eph	ione	e ni	umb	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.

Bank c			
Mailing Address	9410 Spring Green Blvd		
	Katy		77494
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	$\lfloor \ \cdot \ $		
	CITY	STATE	ZIP CODE