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STATEMENT OF **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. Gregory Coll for Congress 11205 Whisperwood Ln ADDRESS (number and street) (Check if address is changed) Rockville 20852 MD CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS gregory.coll@gmail.com (Check if address is changed) Optional Second E-Mail Address info@gregorycoll.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.gregorycoll.com (Check if address is changed) DATE 2020 C00734426 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. Coll, Gregory, Thomas,, Type or Print Name of Treasurer Coll, Gregory, Thomas,, [Electronically Filed] 01 13 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 Only

Local 202-694-1100

		rm 1 (Revised 02/2009)	Page 2
		OMMITTEE • 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. (Cominformation below.)	plete the candidate
Name Cand		Coll, Gregory, Thomas, ,	
Cand Party	idate Affiliati	on REP Office Sought: X House Senate President	State MD District 08
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Part	y Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Polit	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected 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 secommittee. (i.e., nonconnected committee)	egregated 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.)	
Joint	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees 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 Na		<u> </u>
Gregory Coll f	or Congress	
	d Organization, Affiliated Committee, Joint Fundraising Representative, o	r Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee Joint Fundraising Representative	ve Leadership PAC Sponsor
Custodian of Records: lo books and records.	dentify by name, address (phone number optional) and position of the per-	son in possession of committee
	regory, Thomas, ,	
Full Name	11205 Whisperwood Ln	
Mailing Address		
	Rockville , MD ,	,20852
	receiving	
Title or Position	CITY STATE	ZIP CODE
	Telephone number	6 679 - 1251
. Treasurer: List the name any designated agent (e.g	and address (phone number optional) of the treasurer of the committee; a j., assistant treasurer).	nd the name and address of
Full Name Coll, Gr of Treasurer	regory, Thomas, ,	
Mailing Address	11205 Whisperwood Ln	
	Rockville	20852 ZIP CODE
Title or Position		
	Telephone number	679 - 1251

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Full Name of Designated Agent		
Mailing Address		
	CITY STATE Z	ZIP CODE
Title or Position		1 1
Name of Bank C	Depository, etc.	
Name of Bank, D	Wells Fargo Bank, N. A. 10305 Westlake Dr Bethesda MD 20817	
	Wells Fargo Bank, N. A. 10305 Westlake Dr Bethesda MD 20817	ZIP CODE
	Wells Fargo Bank, N. A. 10305 Westlake Dr Bethesda CITY STATE	ZIP CODE
Mailing Address	Wells Fargo Bank, N. A. 10305 Westlake Dr Bethesda CITY STATE	ZIP CODE
Mailing Address	Wells Fargo Bank, N. A. 10305 Westlake Dr Bethesda CITY STATE Depository, etc.	ZIP CODE
Mailing Address Name of Bank, D	Wells Fargo Bank, N. A. 10305 Westlake Dr Bethesda CITY STATE Depository, etc.	ZIP CODE
Mailing Address Name of Bank, D	Wells Fargo Bank, N. A. 10305 Westlake Dr Bethesda CITY STATE Depository, etc.	ZIP CODE