STATEMENT OF

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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. Friends Of Debbie Walker 1910 Pacific Ave Ste 15550 ADDRESS (number and street) (Check if address is changed) **Dallas** 75201 TX CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS tha411magman@gmail.com (Check if address is changed) Optional Second E-Mail Address the411maggirl@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 02 2021 C00796185 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. Medlock, Ken, , , Type or Print Name of Treasurer Medlock, Ken,,, [Electronically Filed] 12 02 2021 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

FEC F	form 1 (Revised 02/2009)	Page 2
TYPE OF	COMMITTEE	
Candida	te Committee:	
(a) x	This committee is a principal campaign committee. (Complete the candidate information below	1.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)	mplete the candidate
Name of Candidate	Walker, Deborah, , Mrs,	
Candidate	Office IND Sought: X House Senate President	State
Party Affilia	tion IND Sought: X House Senate President	District 30
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co	mmittee:	
(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 co	nnected 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 scommittee. (i.e., nonconnected committee)	segregated 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 Fur	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for 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 t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Со	mmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

FEC Form 1 (Revised	d 02/2009)	Page 3
Write or Type Committee Nar	me	
Friends Of Del	bbie Walker	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leade	ership PAC Sponsor
NONE		
Mailing Address		
	CITY	7ID CODE
	CITY STATE	ZIP CODE
Relationship: Connect	ted Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: Id books and records. 	lentify by name, address (phone number optional) and position of the person in p	oossession of committee
	on, Russell, , ,	
Full Name	1425 North Dallas Ave ste 206	
Mailing Address		
		_
Title or Position	CITY STATE	ZIP CODE
Custodian Of Records	Telephone number 214 -	277 3930
. Treasurer: List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; and the , assistant treasurer).	name and address of
Full Name Medlock of Treasurer	, Ken, , ,	
Mailing Address	728 Courson Dr	
	Desoto	· , ,]- , , , ,
Title or Position	CITY STATE	ZIP CODE
Treasurer		879 - 8328

FEC Form	1 (Revised 02/2009)	Page 4
Full Name of Designated	Allen, Sam, , Mr,	
Agent Mailing Address	1629 Duncanville Rd	
s.rig riduless		
	Cedar Hill TX 75106 CITY STATE Z	IP CODE
Title or Position Assistant Treasu	urer 972 – 97	78 - 8047
		accounts, rents
	Bank Of Desoto	
Mailing Address	2011 N Hampton Rd	
	Dr	
	Desoto TX 75115	
	CITY STATE Z	ZIP CODE
Name of Bank, D	Depository, etc.	
Mailing Address		
	CITY STATE Z	

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraising	Participant:				
1.			FEC	ID number	С
2.			FEC	ID number	C
3.			FEC	ID number	С
4.			FEC	ID number	С
ame of Any Connected O	rganization, Affiliated	Committee, Joint F	undraising R	epresentativ	e, or Leadership PAC Spon
Mailing Address					
Relationship:		CITY A		STATE A	ZIP CODE ▲
	by name, address (pho	ated Committee	Joint Fundrais	ing Represent	ative Leadership PAC S
esignated Agent: Identify I Walker, Err Full Name	oy name, address (phonest, H., ,	one number – optiona	'	ing Represent	ative Leadership PAC S
esignated Agent: Identify I	by name, address (pho	one number – optiona	'	ing Represent	ative Leadership PAC S
esignated Agent: Identify I Walker, Err Full Name	oy name, address (phonest, H., ,	one number – optiona	'		
esignated Agent: Identify I Walker, Err Full Name	oy name, address (phonest, H., , 1941 S. Duncanville r	one number – optiona	al)	TX	ative Leadership PAC S
esignated Agent: Identify I Walker, Err Full Name	oy name, address (phonest, H., , 1941 S. Duncanville r Ovilla	one number – optiona	al)		. 75154
esignated Agent: Identify I Walker, En Full Name Mailing Address	oy name, address (phonest, H., , 1941 S. Duncanville r Ovilla	one number – optiona	al)	TX STATE A	75154
esignated Agent: Identify I Walker, Err Full Name Mailing Address TITLE OR POSITION anks or Other Depositoric afety deposit boxes or main ame of Bank,	oy name, address (phonest, H., , 1941 S. Duncanville r Ovilla	one number – optiona	Telephone	TX STATE A	75154 ZIP CODE A
esignated Agent: Identify I Walker, Err Full Name Mailing Address TITLE OR POSITION anks or Other Depositoric afety deposit boxes or main ame of Bank,	oy name, address (phonest, H., , 1941 S. Duncanville r Ovilla	one number – optiona	Telephone	TX STATE A	75154 ZIP CODE A
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