Image# 202102239428	818640	02/23/2021 17 : 07
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FEC FORM 1	STATEMENT OF ORGANIZATION	
		Office Use Only
1. NAME OF COMMITTEE (in	full) (Check if name Example: If t is changed) over the line	
Friends of J	essica Mason	
ADDRESS (number an		
 (Check if a is changed 		
	Dallas CITY ▲	TX 75228 STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MA	IL ADDRESS	
(Check if a is changed)
	Optional Second E-Mail Address	
COMMITTEE'S WEB		
2. DATE 02		
3. FEC IDENTIFIC	ATION NUMBER ► C C00764662	
4. IS THIS STATEM	ENT NEW (N) OR × AM	IENDED (A)
I certify that I have e	kamined this Statement and to the best of my knowled	ge and belief it is true, correct and complete.
Type or Print Name c	f Treasurer Cecchini, Kaylin, , ,	
Signature of Treasure	, Cecchini, Kaylin, , , [Electron	nically Filed] Date 02 23 2021
NOTE: Submission of f	alse, erroneous, or incomplete information may subject the ANY CHANGE IN INFORMATION SHOULD BE	person signing this Statement to the penalties of 2 U.S.C. §437g. REPORTED WITHIN 10 DAYS.
Office Use Only	Federal I Toll Free	FEC FORM 1 Election Commission 800-424-9530 2-694-1100 Election Commission (Revised 06/2012)

		For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 06/2012)
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	FE	EC For	orm 1 (Revised 02/2009) Page 2	
-			COMMITTEE	
(Cand	lidate	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 candida information below.)	te
	Name Candio		Mason, Jessica, , ,	
	Candic Party /	date Affiliatio	ion DEM Office Sought: House Senate President District	TX 30
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name Candic			
I	Party	/ Com	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.)	Party.
	Politi	cal A	Action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	on is a:
			Corporation Corporation w/o Capital Stock Labor Organiza	tion
			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 committee. (i.e., nonconnected committee)	party
			In addition, this committee is a Lobbyist/Registrant PAC.	
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
J	oint	Fund	draising Representative:	
(9	g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more politica committees/organizations, at least one of which is an authorized committee of a federal candidate.	ıl
(ł	1)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more politica committees/organizations, none of which is an authorized committee of a federal candidate.	I
		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

Friends of Jessica Mason

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

Mailing Address			
	CITY	STATE ZIP C	CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraisi	ng Representative Leadersh	hip 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.

Cecchini, ł	Kaylin, , ,
Full Name	
Mailing Address	35 William T Morrissey Blvd
	#2403
	Dorchester MA 02125
Title or Position	CITY STATE ZIP CODE
	Telephone number

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	Cecchini, Kaylin, , ,
Mailing Address	35 William T Morrissey Blvd
	#2403
	Dorchester MA 02125 –
	CITY STATE ZIP CODE
Title or Position	Telephone number 610 390 2525

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Full Name of Designated Agent				1	1														1					1				1					
Mailing Address																																	
					1																				L								
	CITY																		ST	ATE	2			ΖI	ΡC		ЭE						
Title or Position																																	
																	Tel	eph	ione	e n	um	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.

	BBVA																	1							
Mailing Address		6240	EM	ockir	ngbi	rd L	n																		
		Dalla	as III												X		75	521	4		1				
							С	ITY					S	STA	TE					ZII	> C	OD	E		
Name of Bank, D)epository, e	tc.																							
				1	1	1													1			1			
Mailing Address																									
																							<u> </u>		
							С	ITY					S	STA	ΤE					ZII	> C	OD	E		