FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	(See instructions)	Office use only
NAME OF COMMITTEE (in the community of the community	(Check if name Example: If ty over the lines	
Dallas County	Democratic Party	
1		
ADDRESS (number and s	4209 Parry Ave.	
(Check if address is changed)	Dallas	TX 75223 _
OOMMITTEE!O E MAN	CITY <b>▲</b>	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAI		
COMMITTEE'S WEB	PAGE ADDRESS (URL)	
2. DATE 0.2		
3. FEC IDENTIFICA	TION NUMBER C C0024886	1
4. IS THIS STATEM		ENDED (A)
I certify that I have examin	ned this Statement and to the best of my knowledge and belief it	is true, correct and complete
Type or Print Name of	Treasurer Darlene Ewing	
Signature of Treasurer	Electronically Filed by <b>Darlene Ewing</b>	Date 0 2 13 / Y Y Y O 7
NOTE: Submission of fal	se, erroneous, or incomplete information may subject the person	
Office Use Only	Federal	ner information contact: Election Commission 800-424-9530 (Revised 02/2003)

	FECForm 1 (Revised 02/2003)	Page 2
5.	TYPE OF COMMITTEE (Check One)	
	(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 conformation below.)	andidate
	Name of Candidate	
	Candidate Party Affiliation Office Sought: House Senate President	State District
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
		emocratic, publican,etc.) Party.
	(e) This committee is a separate segregated fund	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fur committee.	nd or party
6.	Name of Any Connected Organization or Affiliated Committee	
L		
L		
	Mailing Address	
	CITY STATE A	ZIP CODE 🛦
	Relationship	
	Type of Connected Organization:	
	Corporation Corporation w/o Capital Stock Labor Organization	on
	Membership Organization Trade Association Cooperative	

FEC Form 1 (Revised 02/20	003)		Page 3
Write or Type Committee Name			
<b>Dallas County Democratio</b>	Party		
<ol> <li>Custodian of Records: Identi possession of Committee bo</li> </ol>		nber optional), and position of the	ne person in
Full Name			
Mailing Address			
_			
Title or Position ♥	CITY A	STATE▲	ZIP CODE A
		Telephone number	
8. Treasurer: List the name and address of any de	d address (phone number optio signated agent (e.g., assistant tre	onal) of the treasurer of the commeasurer).	ittee; and the
Full Name of Treasurer  Darlene E	wing		
Mailing Address	4209 Parry Ave.		
_	Dallas	TX	75223
Title or Position ▼	CITY A	STATE▲	ZIP CODE A
Treasurer		Telephone number 214	821 8331
Full Name of Designated Agent			
Mailing Address			
— Title or Position ▼	CITY A		
•			
		Telephone number	

FEC Form 1 (Revised 02/2003)																						_	_	Pa	ge	4			_															
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Name of Bank, Depository, etc.																																												
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Form/Schedule:**F1N**Transaction ID:

There were no cash contributions from any one individual or other entity equal to or in excess of \$100.00. All salary or wage payment were to people who spent less than 25% of their time in connection with Federal Election Activity.