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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. Vote Donna US Congress PO Box 2321 ADDRESS (number and street) (Check if address is changed) Cedar Park 78630 TX CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS .contact@votefordonna.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.votefordonna.com (Check if address is changed) DATE 01 2019 C00710475 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. Imam, Donna, , , Type or Print Name of Treasurer Imam, Donna,,, [Electronically Filed] 10 16 2019 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	orm 1 (Revised 02/2009)	Page 2
	COMMITTEE e Committee:	
(a) x	This committee is a principal campaign committee. (Complete the candidate information below	2.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Cor information below.)	npiete the candidate
Name of Candidate	Imam, Donna, , ,	
Candidate	Office	State
Party Affiliat	DEM	31
 П		District
(c) Name of	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Candidate		
Party Co		
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political A	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
		Cooperative
(6)	In addition, this committee is a Lobbyist/Registrant PAC.	and the second second second
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (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 Fun	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for the committee collects contributions.	two or more political
(9)	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
Con	nmittees Participating in Joint Fundraiser	
1.		
2.	FEC ID number	
3.	FEC ID number	
4.		

Write or Type Committee Name Vote Donna US Congress 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor NONE Mailing Address CITY STATE ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. Full Name Mailing Address Title or Position CITY STATE ZIP CODE	FEC Form 1 (Revi	sed 02/2009)	Page 3
None Mailing Address City State Zip CoDe Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative, or Leadership PAC Sponsor None Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor City State Zip CoDe Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. Full Name Mailing Address Title or Position City State Zip CoDe 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 Imam, Donna Or 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 Committee Committee and the name and address of any designated agent (e.g., assistant treasurer). Full Name Committee Committe			
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Mailing Address CITY STATE ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. Full Name Mailing Address Title or Position CITY STATE ZIP CODE Telephone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). Full Name Iman, Donna, Or Treasurer Mailing Address PO Box 2321 CITY STATE ZIP CODE Title or Position CITY STATE ZIP CODE			, or Leadership PAC Sponsor
CITY STATE ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. Full Name Mailing Address Title or Position CITY STATE ZIP CODE Telephone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). Full Name Imam, Donna, , of Treasurer Mailing Address PO Box 2321 City STATE ZIP CODE Title or Position CITY STATE ZIP CODE	NONE		
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Title or Position CITY STATE ZIP CODE Telephone number Title or Position Telephone number	Full Name		
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	Mailing Address		
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3. 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 Mailing Address PO Box 2321 Cedar Park CITY STATE ZIP CODE Title or Position	Title or Position	CITY STATE	ZIP CODE
any designated agent (e.g., assistant treasurer). Full Name			
of Treasurer Mailing Address PO Box 2321 Cedar Park TX	8. Treasurer: List the name any designated agent (e	e and address (phone number optional) of the treasurer of the committee; e.g., assistant treasurer).	; and the name and address of
Cedar Park CITY STATE ZIP CODE Title or Position		, Donna, , ,	
CITY STATE ZIP CODE Title or Position	Mailing Address	PO Box 2321	
CITY STATE ZIP CODE Title or Position			
Title or Position		Cedar Park	78630
	Title or Position	CITY STATE	ZIP CODE
		Telephone number	512 - 508 - 3844

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Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit boxes or		
Safety deposit boxes or Name of Bank, Deposition Deposition Name of Bank, Deposition Dep	r maintains funds. itory, etc.	
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