FEC

Only

STATEMENT OF

PAGE 1 / 4

ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. College Democrats of America 12061 Paul Eells Dr. ADDRESS (number and street) Apt. 201 (Check if address is changed) North Little Rock AR 72113 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS aliaharowe@gmail.com (Check if address is changed) Optional Second E-Mail Address president@collegedemocratsofamerica.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2023 C00808378 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Type or Print Name of Treasurer Rowe, Aliah, , 80 07 2023 Signature of Treasurer Rowe, Aliah, , , Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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

Local 202-694-1100

E	EC Form 1 (Revised 03/2022)	Page 2				
	TYPE OF COMMITTEE:					
	Candidate 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 candidate information below.)						
Name of Candidate [''', ''', ''', ''', ''', ''', ''', ''						
	Candidate Office Party Affiliation Sought: House Senate President	State				
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	2.0				
	Name of Candidate					
	Party Committee: (d) This committee is a (National, State or subordinate) committee of the Republican,					
Political Action Committee (PAC):						
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:				
	Corporation Corporation w/o Capital Stock Labor On	rganization				
	Membership Organization Trade Association Cooperation	tive				
	In addition, this committee is a Lobbyist/Registrant PAC.					
(f) X This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)						
	In addition, this committee is a Lobbyist/Registrant PAC.					
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
	(g) This committee is an independent expenditure-only political committee (Super PAC).					
	In addition, this committee is a Lobbyist/Registrant PAC.					
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PA	C).				
	In addition, this committee is a Lobbyist/Registrant PAC.					
	Joint Fundraising Representative:					
	(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.					
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.					
Committees Participating in Joint Fundraiser						
	1C					

1	FEC Form 1 (Revised 0	2/2009)	Page 3		
٧	Vrite or Type Committee Name	ate of Amorica			
6.	College Democrats of America Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor				
	NONE				
	Mailing Address				
		CITY ▲ S1	TATE ▲ ZIP CODE ▲		
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Re	depresentative Leadership PAC Sponso		
7.	Custodian of Records: Idention books and records.	fy by name, address (phone number optional) and position of the	ne person in possession of committee		
	Rowe, Alial	1, , ,			
	Mailing Address	12061 Paul Eells Dr			
		1			
		North Little Rock	AR 70118		
		CITY A ST	TATE ▲ ZIP CODE ▲		
	Title or Position ▼				
	President	Telephone numbe	er 501 – 425 – 7671		
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 Rowe, Alial of Treasurer), , , 			
	Mailing Address	12061 Paul Eells Dr			
		North Little Rock	AR		
		CITY ▲ S1	TATE ▲ ZIP CODE ▲		
	Title or Position ▼		F04 405 707.		
	President	Telephone numbe	er 501 - 425 - 7671		

FEC Form 1	(Revised 02/2009)	Page	 4			
Full Name of Designated						
Agent						
Mailing Address						
Title or Position	CITY ▲	STATE ▲ ZIP CODE	▲			
	Telephone	e number				
	Depositories: List all banks or other depositories in which the conxes or maintains funds.	nmittee deposits funds, holds accounts,	rents			
Name of Bank, [Depository, etc.					
	Bank of America					
Mailing Address	425 State Rd 13					
	Jacksonville	FL 32259				
	CITY ▲	STATE ▲ ZIP CODE	A			
Name of Bank, Depository, etc.						
Mailing Address						
	CITY ▲	STATE ▲ ZIP CODE	A			