FEC FORM 1	STATEMEN ORGANIZ		с	PAGE 1 / 4
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Hidalgo County	Democratic Party	Executive Comm	nittee	
ADDRESS (number and street)	814 Del Oro Lane			
(Check if address is changed)				
	Pharr │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │		TX STATE ▲	577 
COMMITTEE'S E-MAIL ADDR	ESS			
(Check if address is changed)	ksg210@gmail.com			
	Optional Second E-Mail Add	iress Imail.com		
COMMITTEE'S WEB PAGE AI	DDRESS (URL)	is.com/		
	01 / Y Y Y Y 1970			
3. FEC IDENTIFICATION N	NUMBER ► C CO	0827121		
4. 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 i	s true, correct and	d complete.
Type or Print Name of Treasur	er Giffin, Kenna, Sue, Ms,			
Signature of Treasurer	in, Kenna, Sue, Ms,	[Electronically Filed]	Date 10	/ D D / Y Y Y Y 18 2022
NOTE: Submission of false, error	neous, or incomplete information r ANY CHANGE IN INFORMAT	nay subject the person signing th ION SHOULD BE REPORTED V		penalties of 52 U.S.C. §30109.
Office Use Only		For further information courses Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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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 information below.)	e the candidate
Name of Candidate	
Candidate Office Sought: House Senate President	State
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee: (National, State or subordinate) committee of the DEM (Democr Republic)	ratic, can, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ected organization is a:
Corporation Corporation w/o Capital Stock	r Organization
Membership Organization Trade Association Coop	perative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segreg committee. (i.e., nonconnected committee)	ated 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.)	
(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	I PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	

## 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.

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

(i)

(j)

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2.	L														J	[	С				

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	Write or Type Committee Name		
	Hidalgo County Democratic Party Executive Committee		
6	8. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Spons	;01

Mailing Address	314 E HIGHLAND MALL BLVD, STE 508		
	AUSTIN		78752
		STATE 🔺	ZIP CODE
Relationship: Connected	Organization X Affiliated Organization	Joint Fundraising Representati	ve Leadership PAC Sponso

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Giffin, Kenr	na, Sue, Ms,				
Full Name					
Mailing Address	POB 3784				
	McAllen			78502	
		CITY A	STATE	<b></b>	ZIP CODE
Title or Position ▼					
Treasurer			Telephone number	956	283 - 4669

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	Giffin, Kenna, Sue, Ms,
of Treasurer	
Mailing Address	POB 3784
	McAllen TX 78502
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	•
Treasurer	Image:

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Full Name of Designated Agent	1								ĺ														1	1	1	
Mailing Address																										
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Title or Position ▼																										
										-	Tele	əph	one	e ni	umt	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.

	Lone Star	Nation	al Bar	nk						
Mailing Address	60	00 E. Nolar	na 							
	L									
	L <sup>N</sup>	IcAllen							78501	
				С	ITY 🔺			STATE A	ZI	P CODE 🔺
Name of Bank, I	Depository, etc.		1 1 1							
Mailing Address	L									
	L									
	L									
				С	ITY 🔺			STATE ▲	ZI	P CODE 🔺