20-7:02:02:0M:00-M@0M0

FORM 1

STATEMENT OF **ORGANIZATION**

			Office Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FÊ4M5
DEMOGSATS	FOR TRUMP		
ADDRESS (number and street)	503 4016	Pintia Bosile	100 E E O
(Check if address is changed)			
ě ,	SIGIPT & MA	4/49	STATE A ZIP CODE A
COMMITTEE'S E-MAIL ADDR		ام	
(Check if address is changed)	BEGANCH	orsalahoo.	OM
,	Optional Second E-Mail A	Address	ı
COMMITTEE'S WEB PAGE A (Check if address is changed)	DDRESS (URL)		
2. DATE	26 20 7		
3. FEC IDENTIFICATION	NUMBER ▶ C	00618421	
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
I certify that I have examined	this Statement and to the be	est of my knowledge and belief	it is true, correct and complete.
Type or Print Name of Treasu	irer Glegoly	Ackers	
Signature of Treasurer	Mw a		Date 26 2617
NOTE: Submission of false, erro		on may subject the person signing	g this Statement to the penalties of 52 U.S.C. §30109 D WITHIN 10 DAYS.
Office Use Only		For further information Federal Election Commit Toll Free 800-424-9530 Local 202-694-1100	FEL. FURNI I

Local 202-694-1100

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F	EC For	n 1 (Revised 02/2009)	Page 2			
		DMMITTEE				
Can	didate	Committee:				
(a)	L	This committee is a principal campaign committee. (Complete the candidate information below	<i>i.</i>)			
(p)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)				
Name Candi						
Cand Party	lidate Affiliatio	Office Sought: House Senate President	State			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name Cand	-					
Part	y Con	mittee:				
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Par			
Polif	tical A	ction Committee (PAC):				
(e)	*	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	onnected organization is			
	•	Corporation Corporation w/o Capital Stock	Labor Organization			
		Membership Organization Trade Association	Cooperative			
		In addition, this committee is a Lobbyist/Registrant PAC.	Cooperative			
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate committee. (i.e., nonconnected committee)	segregated fund or par			
		In addition, this committee is a Lobbyist/Registrant PAC.				
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Join	t Fund	raising Representative:				
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for 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 committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political			
	Com	nittees Participating in Joint Fundraiser				
		processing and the second processing and the	MINISTER BUTTONING TRANSPORT VERNING TO A SECONDARY FOR			
	1.	FEC ID number				
	1. 2.	FEC ID number C				
		The state of the s				

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Write or Type Committee Nam	e McMocrats For Trump	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Lo	eadership PAC Sponsor
Mailing Address		
٠.		
	CITY STATE	ZIP CODE
 Custodian of Records: Identification books and records. 	entify by name, address (phone number optional) and position of the person	n in possession of committee
Full Name	gory Ackers	<u> </u>
Mailing Address	503 WO1919196	
	Banta MONICA CA 9	10 CO 11 - 1
. Title or Position	CITY STATE	ZIP CODE
CHIEF EN	CUTIVE Telephone number 310	9-1450-1405

Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of

Title or Position EXECUTIVE

any designated agent (e.g., assistant treasurer).

2017 - 02 - 02 - 0M - 001M00M2

Telephone number BIO-459405

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1201011111 (1101100				
Full Name of Designated Agent		_1_1_1_1_1_1_1_1_1		
Mailing Address	503 W BIYMPIC B	<u>l.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
	Santa Monica	STATE	ZIP CODE	
Title or Position EXE	cutiVC Te	lephone number 3/0	- 450-4950	
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.				
Mailing Address				
,				
· .	CITY	STATE	ZIP CODE	
Name of Bank, Depository,	etc.			
للللا				
Mailing Address				
	CITY	STATE	ZIP CODE	

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No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busin	ness Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	f Receipt or Postmarked
PREPARER (3/2015)	2/3/1 DATE PREPARED