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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. Friends for Gregory Meeks 153-01 Jamaica Ave. Suite 535 ADDRESS (number and street) (Check if address is changed) Jamaica 11432 NY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS psimm@msn.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2019 C00430991 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. Simmons, Patsy, A.,, Type or Print Name of Treasurer Simmons, Patsy, A.,, [Electronically Filed] 12 17 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 Form 1 (Revised 02/2009)		Page <b>2</b>
TYPE OF COMMITTEE  Candidate Committee:		
(a) This committee is a principal campaig	n committee. (Complete the candidate information below.)	
(b) This committee is an authorized comminformation below.)	nittee, and is NOT a principal campaign committee. (Comple	ete the candidate
Name of Candidate Meeks, Gregory, W., ,		
Candidate Office Party Affiliation Sought:	✗   House   Senate   President	State NY District 05
(c) This committee supports/opposes only	one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Committee:	(National, State Description (D	emocratic,
(d) This committee is a	· ·	epublican, etc.) Party.
Political Action Committee (PAC):		
(e) This committee is a separate segrega	ted fund. (Identify connected organization on line 6.) Its connected	ected organization is a:
Corporation	Corporation w/o Capital Stock	_abor Organization
Membership Organization	Trade Association	Cooperative
In addition, this commit	tee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes mor committee. (i.e., nonconnected committee.	re than one Federal candidate, and is NOT a separate segree)	egated fund or party
In addition, this committee is a l	Lobbyist/Registrant PAC.	
In addition, this committee is a l	Leadership PAC. (Identify sponsor on line 6.)	
Joint Fundraising Representative:		
(0)	ays fundraising expenses and disburses net proceeds for two of which is an authorized committee of a federal candidate.	or more political
	ays fundraising expenses and disburses net proceeds for two h is an authorized committee of a federal candidate.	or more political
Committees Participating in Joint Fundra	aiser	
Meeks Victory Fund	FEC ID number C C0070	6341
Working Together 2.	FEC ID number C C0072	8659
3.	FEC ID number	
4.	FEC ID number	

FFC Form 1 (Davised 0	2/2000)	Daga 2
FEC Form 1 (Revised 0  Write or Type Committee Name		Page 3
Friends for Greg		
		DAC Spansor
	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
Meeks for Congress		
Mailing Address	153-01 Jamaica Ave	
Mailing Address	Suite 535	
	Jamaica NY 11432	1 1
	CITY STATE ZII	P CODE
_		
Relationship: Connected	Organization 🗶 Affiliated Committee Joint Fundraising Representative Leade	ership PAC Sponsor
<ol> <li>Custodian of Records: Ident books and records.</li> </ol>	tify by name, address (phone number optional) and position of the person in posses	ssion of committee
Simmons, F	Datov A	
Full Name		
Mailing Address	153-01 Jamaica Ave. Suite 535	
	Jamaica	-
Title or Position	CITY	D CODE
Title of Position	CITY STATE ZIF	P CODE
Treasurer	Telephone number	
<ol> <li>Treasurer: List the name and any designated agent (e.g., as</li> </ol>	l address (phone number optional) of the treasurer of the committee; and the name ssistant treasurer).	and address of
Full Name Simmons, F		
of Treasurer	aus,,	
Mailing Address	153-01 Jamaica Ave. Suite 535	
	Jamaica	-
Tills and D. W.	CITY STATE ZIF	CODE
Title or Position Treasurer	Telephone number	. [_]
<u> </u>		

FEC For	m 1 (Revised 02/2009)	Page <b>4</b>
Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE ZI	IP CODE
Title or Position		
	r <b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, holds a oxes or maintains funds.  Depository, etc.	accounts, rents
safety deposit b	Depository, etc.  Carver Federal Savings Bank  115-02 Merrick Blvd.	
safety deposit b Name of Bank,	oxes or maintains funds.  Depository, etc.  Carver Federal Savings Bank  115-02 Merrick Blvd.	
safety deposit b Name of Bank,	Depository, etc.  Carver Federal Savings Bank  115-02 Merrick Blvd.  St. Albans  NY  11434	IP CODE
safety deposit b Name of Bank,	Depository, etc.  Carver Federal Savings Bank  115-02 Merrick Blvd.  St. Albans  CITY  STATE  Z	
safety deposit b Name of Bank, Mailing Address	Depository, etc.  Carver Federal Savings Bank  115-02 Merrick Blvd.  St. Albans  CITY  STATE  Z  Depository, etc.  CitiBank  113-01 Beach Channel Drive	
safety deposit b Name of Bank, Mailing Address  Name of Bank,	Depository, etc.  Carver Federal Savings Bank  115-02 Merrick Blvd.  St. Albans  CITY  STATE  Z  Depository, etc.  CitiBank  113-01 Beach Channel Drive	

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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2.		FEC ID number	C
3.		FEC ID number	C
4		FEC ID number	C
lame of Any Connected	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spon
Mailing Address			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee Join  Join  fy by name, address (phone number – optional)	nt Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Represent	Leadership PAC S
esignated Agent: Identi		nt Fundraising Represent	Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)		Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional)  CITY		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or make a position of Bank, Amale	fy by name, address (phone number – optional)  CITY   CITY   CITY   pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  Lanks or Other Deposite afety deposit boxes or make the same of Bank, Amale	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  Ganks or Other Deposite afety deposit boxes or make the property of the proposition of Bank, Depository, etc.	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which aintains funds.  gamated Bank	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  Ganks or Other Deposite afety deposit boxes or make the property of the proposition of Bank, Depository, etc.	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which aintains funds.  gamated Bank	STATE A Telephone Number	ZIP CODE A