

SARA E. MORGAN
392 Central Park West, 11B
New York, NY 10025

Direct Dial: (212) 866-3247

December 5, 2011

Federal Election Commission
Reports Analysis Division
999 E Street, N.W.
Washington, DC 20463


Re: Statement of Organization for Friends of Joyce Johnson

To Whom It May Concern:

As per the "Instructions for Statement of Organization (FEC Form 1)," attached please find for the purposes of filing, the Statement of Organization for Friends of Joyce Johnson campaign committee.

Should you have questions, or should there be any issues concerning this filing, please contact me as soon as possible at (212) 866-3247.

Sincerely,


Sara E. Morgan
Treasurer, Friends of Joyce Johnson

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FEC
FORM 1

STATEMENT OF
ORGANIZATION

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1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

FRIENDS OF JOYCE JOHNSON

C/O SARA E MORGAN, Treasurer

ADDRESS (number and street)

PARK WEST FINANCE Station

(Check if address is changed)

P.O. Box 20035

NEW YORK NY 10025

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

joyce@joycesjohnson.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.joycesjohnson.com

2. DATE 12' 05' 2011

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT X 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.

Type or Print Name of Treasurer SARA E. MORGAN

Signature of Treasurer Sara E. Morgan Date 12' 05' 2011

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 Use Only				
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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

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5. 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 JOYCE S JOHNSON

Candidate Party Affiliation DEM Office Sought: House Senate President State NY District 15

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

- Corporation
- Corporation w/o Capital Stock
- Labor Organization
- Membership Organization
- Trade Association
- Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

- (f) 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.)

Joint Fundraising Representative:

- (g) 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.
- (h) 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

- 1. _____ FEC ID number C
- 2. _____ FEC ID number C
- 3. _____ FEC ID number C
- 4. _____ FEC ID number C

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Write or Type Committee Name

FRIENDS of JOYCE JOHNSON

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

[Empty address fields]

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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

Full Name SARA E MORGAN

Mailing Address 392 CENTRAL PARK WEST # 11B NEW YORK NY 10025-5819

Title or Position CITY STATE ZIP CODE

Treasurer

Telephone number 212-866-3247

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 of Treasurer SARA E MORGAN

Mailing Address 392 CENTRAL PARK WEST # 3 11B

NEW YORK N.Y 10025-5819

Title or Position

Treasurer

Telephone number 212-866-3247

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Full Name of Designated Agent

Mailing Address

CITY

STATE

ZIP CODE

Title or Position

Telephone number

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.

J. P. Morgan Chase Bank, N.A.

Mailing Address

775 Columbus Avenue

New York

NY

10025

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

JMN
 PREPARER
 (3/2005)

12/12/11
 DATE PREPARED

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