PAGE 1/5 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) DOWNTOWN FOR DEMOCRACY INDEPENDENT EXPENDITURE COMMIT 6 Doyers St ADDRESS (number and street) #130216 (Check if address is changed) New York 10013 NY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS kristin@13marketmanagement.com (Check if address X is changed) Optional Second E-Mail Address reiff@sandlerreiff.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.downtown4democracy.com (Check if address is changed) DATE 2021 C00494997 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. Hrycko, Kristin, , , Type or Print Name of Treasurer Hrycko, Kristin, , , [Electronically Filed] 07 2021 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:
Use			Federal Election Commission
			Toll Free 800-424-9530
Only			Local 202-694-1100

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	orm 1 (Revised 02/2009) COMMITTEE	Page 2
	e 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. (Compinformation below.)	plete the candidate
Name of Candidate		
Candidate Party Affiliat	ion Office Sought: House Senate President	State District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Cor		_
(d)		Democratic, Republican, etc.) Party
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	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 secommittee. (i.e., nonconnected committee)	gregated 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.)	
Joint Fund	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Com	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

FE	EC Form 1 (Revised	02/2009)		Page 3
Write or 7	ype Committee Name			
DOW	NTOWN FOR	R DEMOCRACY INDEPEN	IDENT EXPENI	DITURE COMMITTEE
6. Name	of Any Connected (rganization, Affiliated Committee, Joint F	undraising Representati	ve, or Leadership PAC Sponsor
NONE				
Mailing	Address			
		CITY	STATE	ZIP CODE
Relatio	nship: Connected	d Organization Affiliated Committee .	Joint Fundraising Represe	ntative Leadership PAC Sponsor
	lian of Records: Ider and records.	tify by name, address (phone number op	tional) and position of the	e person in possession of committee
	Hrycko, Kı	istin, , ,		
Full Na	me	,6 Doyers St		
Mailing	Address	#130216		
		New York	NY	10013
Title or	Position	CITY	STATE	ZIP CODE
Treas	urer		Telephone number	
	rer: List the name and signated agent (e.g., a	d address (phone number optional) of the assistant treasurer).	treasurer of the committee	ee; and the name and address of
Full Na of Treas		stin, , ,		
Mailing	Address	6 Doyers St		
		#130216		
		New York CITY	NY STATE	10013 ZIP CODE
Title or Treas	Position urer		Telephone number	

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STAT	E ZIP CODE
Title or Position		
	Telephone number	
safety deposit boxes or Name of Bank, Deposi	itory, etc.	
safety deposit boxes or Name of Bank, Deposi	r maintains funds. itory, etc. ibank PO Box 226526	X 75222
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Form/Schedule: F1A Transaction ID:

THIS COMMITTEE IS ORGANIZED AS AN INDEPENDENT EXPENDITURE COMMITTEE AND ACCEPTS CONTRIBUTIONS NOT SUBJECT TO THE CONTRIBUTIONS AND LIMITATIONS OF FEDERAL LAW IN ACCORDANCE WITH FEC V. SPEECHNOW.ORG AND FEC ADVISORY OPINION 2010-11.

Form/Schedule: Transaction ID: