

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

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

12FE4M5

Jeffries for Congress

ADDRESS (number and street) 3430 Connecticut Avenue, NW #11704

(Check if address is changed)

Washington DC 20008
CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

info@jeffriesforcongress.com

Optional Second E-Mail Address
janica@pcmsllc.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

hakeemjeffries.com

2. DATE 11 / 21 / 2019

3. FEC IDENTIFICATION NUMBER ► C C00503052

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 is true, correct and complete.

Type or Print Name of Treasurer Singletary, Lenu, H, , III

Signature of Treasurer Singletary, Lenu, H, , III [Electronically Filed] Date 11 / 21 / 2019

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.

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 Jeffries, Hakeem, , ,

Candidate Party Affiliation DEM Office Sought: House Senate President State NY District 08

- (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 _____

Write or Type Committee Name

Jeffries for Congress

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

NONE

Mailing Address

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 Kyriacopoulos, Janica, , ,

Mailing Address 910 17th St NW Ste 925

Washington DC 20006

Title or Position CITY STATE ZIP CODE

Assistant Treasurer

Telephone number 202 - 628 - 1580

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 Singletery, Lenu, H, , III

Mailing Address 195 Willoughby Avenue

Apt 615 Brooklyn NY 11205

Title or Position Treasurer CITY STATE ZIP CODE

Telephone number 718 - 909 - 3120

Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid for Title or Position]

Telephone number

[Empty grid for 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.

Amalgamated Bank

[Empty grid for Amalgamated Bank name]

Mailing Address

1212 Fulton Street

[Empty grid for Mailing Address line 2]

Brooklyn NY 11216

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Bank of America, NA

[Empty grid for Bank of America, NA name]

Mailing Address

449 Myrtle Ave

[Empty grid for Mailing Address line 2]

Brooklyn NY 11205

CITY

STATE

ZIP CODE