STATEMENT OF

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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 of Mark Baker 7235 Boulder Pass ADDRESS (number and street) (Check if address is changed) Union City 30291 GA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS markbphd@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 07 2021 C00796763 FEC IDENTIFICATION NUMBER > 3. 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. Baker, O'Lillian, , , Type or Print Name of Treasurer Baker, O'Lillian, , , [Electronically Filed] 12 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: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

FEC F	orm 1 (Revised 02/2009)	Page 2
	COMMITTEE	
	te Committee: This committee is a principal compaign committee (Complete the condidate information below	.
(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. (Con information below.)	plete the candidate
Name of Candidate	Baker, Mark, , ,	
Candidate Party Affilia	otion DEM Office Sought: * House Senate President	State GA District 13
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co	mmittee:	
(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 con-	nnected 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 scommittee. (i.e., nonconnected committee)	egregated 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 Fur	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for the	wo or more political
(h)	committees/organizations, at least one of which is an authorized committee of a federal candidate. This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
0	- Destrict the second of the s	
Col	mmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

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Write or Type Committee Na		-9
Friends of Mai	rk Baker	
	d Organization, Affiliated Committee, Joint Fundraising Represental	tive, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	E ZIP CODE
Relationship: Connec	ted Organization Affiliated Committee Joint Fundraising Repres	sentative Leadership PAC Sponsor
7. Custodian of Records: lo books and records.	dentify by name, address (phone number optional) and position of the	ne person in possession of committee
	Yusuf, , ,	
Full Name	4246 Miners Creek Rd	
Mailing Address		
	Lithonia	30038
Title or Position	CITY STATE	ZIP CODE
Chief Admin Officer	Telephone number	
8. Treasurer: List the name any designated agent (e.g.	and address (phone number optional) of the treasurer of the commit, assistant treasurer).	ttee; and the name and address of
	D'Lillian, , ,	
of Treasurer	j7235 Boulder Pass	
Mailing Address		
	Union City GA	
Title or Position	CITY STATE	ZIP CODE
	Telephone number	708 574 - 1554

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Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit bo Name of Bank, I		
Name of Bank, I	Depository, etc. Bank of America 5199 Old National Hwy	ZIP CODE
Name of Bank, I	Depository, etc. Bank of America 5199 Old National Hwy College Park GA 30349 CITY STATE	ZIP CODE
Name of Bank, I	Depository, etc. Bank of America 5199 Old National Hwy College Park GA 30349 CITY STATE	ZIP CODE
Name of Bank, I	Depository, etc. Bank of America 5199 Old National Hwy College Park GA 30349 CITY STATE Depository, etc.	
Name of Bank, I	Depository, etc. Bank of America 5199 Old National Hwy College Park GA 30349 CITY STATE Depository, etc.	
Name of Bank, I	Depository, etc. Bank of America 5199 Old National Hwy College Park GA 30349 CITY STATE Depository, etc.	
Name of Bank, I	Depository, etc. Bank of America 5199 Old National Hwy College Park GA 30349 CITY STATE Depository, etc.	