

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

SunokelijahJeromeWilson RAYWALTERALLENJR Emma Kim tashis Harrison health care inc.

ADDRESS (number and street) 851 Bert Rd apt 25.

(Check if address is changed) 1010 north Davis Street

Jacksonville FL 32211

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) Eh1343596@gmail.com

Optional Second E-Mail Address Eh1343596@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 08 / 22 / 2019

3. FEC IDENTIFICATION NUMBER ▶ C C00716712

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 Ray.w.allenjrEmmakim-tash, SunokElijahJeromewil, WilsonHarrison, , Ray.w.alle

Signature of Treasurer Ray.w.allenjrEmmakim-tash, SunokElijahJeromewil, WilsonHarrison, , Rav.w.alle [Electronically Filed] Date 08 / 23 / 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 Ray.w.allenjrEmmakim-tash, SunokElijahJeromewil, WilsonHarrison, ,

Candidate Party Affiliation Ind 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 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

SunokelijahJeromeWilson RAYWALTERALLENJR Emma Kim tashis Harrison health care inc.

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

SunokElijahJeromewilsonharrison Ray Walter Allensr flora Allen Ray Walter Allen Jr Emma. Kim tashis Harrison

Mailing Address 851 Bert Rd, 25 1010 north Davis Street Jacksonville FL 32211 CITY STATE ZIP CODE

Relationship: [] Connected Organization [] Affiliated Committee [x] 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 Ray.w.allenjrEmmakim-tash, SunokElijahJeromewil, WilsonHarrison, , Ray.w.alle Mailing Address 851 Bert Rd 1010 north Davis Stree 1010 north Davis Street Jacksonville FL 32211 CITY STATE ZIP CODE Title or Position CITY STATE ZIP CODE Persident of the Uni Telephone number 904 732 0478

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 Ray.w.allenjrEmmakim-tash, SunokElijahJeromewil, WilsonHarrison, , Ray.w.alle Mailing Address 851 Bert Rd 1010 north Davis Stree 1010 north Davis Street Jacksonville FL 32211 CITY STATE ZIP CODE Title or Position Persident of the Uni Telephone number 904 732 0478

Full Name of Designated Agent

Ray.w.allenjrEmmakim-tash, SunokElijahJeromewil, WilsonHarrison, ,

Mailing Address

851 Bert Rd 1010 north Davis Stree

1010 north Davis Street

Jacksonville

FL

32211

CITY

STATE

ZIP CODE

Title or Position

9043865169/6626418

Telephone number

904

732

0478

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.

Pacific premier Bank

Mailing Address

7779 Palm desert

Palm desert California

CA

02122

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F1A

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PresidentoftheUnitedStatesofAmerica.2019-2020

Form/Schedule:

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