2018 - 07 - 16 - 03 - 00220116

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED FEC MAIL CENTER

Office Use Only AM 11: 56

NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
•			
FRIENDS, OF DEAN, MALIK	<u>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </u>		
	 	· <u> </u>	
ADDRESS (number and street)	44 E, COURT STREET,		<u> </u>
(Check if address is changed)		 	
	DOYLESTOWN		PA
COMMITTEE'S E-MAIL ADDRES	SS		
(Check if address is changed)		1 1 1 1 1 1 1 1 1 1	
	Optional Second E-Mail Addre	ess	
COMMITTEE'S WEB PAGE ADD	DRESS (URL)		
(Check if address is changed)		<u></u>	
and the state of t	1		
2. DATE 07 10	2018		
3. FEC IDENTIFICATION NU	IMBER ▶ C 0060	64268	
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
I certify that I have examined th	is Statement and to the best of	f my knowledge and belief it	is true, correct and complete
Tooliny state that one things in		ing talomouge and bollor k	is that, contest and complete.
Type or Print Name of Treasurer	Ingrid Sofield		
Signature of Treasurer	Ingrid Jolie	<u>ld</u>	Date 07 10 2018
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.			
Office Use Only		For further information of Federal Election Commissin Toll Free 800-424-9530 Local 202-694-1100	

FEC F	orm 1 (Revised 02/2009)	Page 2
TYPE OF (COMMITTEE	
Candidat	e Committee:	
(a) 🔲	This committee is a principal campaign committee. (Complete the candidate information below	v)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Confinermation below.)	mplete the candidate
Name of Candidate		
Candidate Party Affilia	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co		(Da
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	onnected 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 committee. (i.e., nonconnected committee)	segregated 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 Fun	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for 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 committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political
Cor	nmittees Participating in Joint Fundraiser	·
1.	FEC ID number	
2.		
3.	FEC ID number	
4.	FEC ID number	

FEC Form 1 (Revised 0	02/2009)	Page 3
Write or Type Committee Name)	
. Name of Any Connected C)rganization, Affiliated Committee, Joint Fundraising Representative, or Leaders	hip PAC Sponsor
1111111		
11111111		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Lea	adership PAC Sponsor
Custodian of Records: Ider books and records.	ntify by name, address (phone number - optional) and position of the person in pos	session of committee
Full Name [INGRID	SOFIELD	
Mailing Address	44 E, COURT STREET	1 .
•		<u> </u>
	DOYLESTOWN PA [18901	
Title or Position	CITY STATE	ZIP CODE
TREASURER	Telephone number [215] - [80	11,77,
Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the na assistant treasurer).	me and address of
Full Name of Treasurer		
Mailing Address	1	
	CITY STATE	ZIP CODE
Title or Position	Telephone number	

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FEC Form 1 (Revise	ed 02/2009)		Page 4
Full Name of Designated Agent CHRIST	ОРНЕR ŞOFIELD		
Mailing Address	44 E, COURT STREET		
	DOYLESTOWN	PA STATE	18901
Title or Position [CAMPAIGN,MANAGE	R Telephone	number [21]	5 ,
safety deposit boxes or ma Name of Bank, Depository,	· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u> </u>
Mailing Address	90 North Main Street		
	[Doylestown		[18901 ,] - [, , , ,
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
		<u> </u>	
Mailing Address			· · · · · · · · · · · · · · · · · · ·
	CITY	STATE	ZIP CODE

2018:07:16:03:00220120

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page	•	of	

or(h). Joint Fundraisin g	g Participant:		
1.		FEC ID number	
2.		FEC ID number	C
3		FEC ID number	C
4.		FEC ID number	
Name of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	, or Leadership PAC Sponsor
		1-1-1-1-1-1	
Mailing Address			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connected	Organization Affiliated Committee oint	Fundraising Representa	tive Leadership PAC Sponsor
	by name, address (phone number - optional)		·
Full Name [; ;]			
Full Name LILL			
·.			
Mailing Address	CITY A	STATE A	ZIP CODE A
·.	1	STATE A	ZIP CODE A
Mailing Address TITLE OR POSITION	ries: List all banks or other depositories in which	elephone Number	
Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	ries: List all banks or other depositories in which	elephone Number	
Mailing Address TITLE OR POSITION Banks or Other Depositors afety deposit boxes or mail Name of Bank,	ries: List all banks or other depositories in which	elephone Number	

Southampton, PA 18966 P.O. Box 1043 Ingrid Sofield

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FEDERAL ELECTION COMMISSION

WASHINGTON, D.C. 20463 1050 FIRST STREET, N.E.

TO JULY SOUR FW41

PHILADELPHIA PA 190

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMIN The FEC added this page to the end of this filing to indica	
Hand Delivered	Date of Receipt
USPS First Class Mail Postmarked 7/10/18	Date of Receipt
USPS Registered/Certified	Postmarked (Ř/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busin	ness Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	f Receipt or Postmarked
Est	7/16/18
(3/2015)	DATE PREPARED