

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED  
FEC MAIL CENTER  
2019 NOV 22 PM 12:15

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

JOHNNIE FOR PRESIDENT

ADDRESS (number and street)

501 W 32nd St Apt 706

(Check if address is changed)

Davenport  
CITY ▲

IA  
STATE ▲

52801-1  
ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

Johnnie4president@gmail.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

HTTP://JohnnieRCampbell.us

2. DATE

11 / 21 / 2019

3. FEC IDENTIFICATION NUMBER ►

C

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

Signature of Treasurer

Date

11 / 21 / 2019

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 contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 06/2012)

NOTHING TO BE PRINTED HERE

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 Johnnie C. Campbell

Candidate Party Affiliation  Dem Office Sought:  House  Senate  President State  IA District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate Johnnie C. Campbell / U. P. President

Party Committee:

- (d)  This committee is a  (National, State or subordinate) committee of the  Dem (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.	<input type="checkbox"/>	FEC ID number	<input checked="" type="checkbox"/> C
2.	<input type="checkbox"/>	FEC ID number	<input checked="" type="checkbox"/> C
3.	<input type="checkbox"/>	FEC ID number	<input checked="" type="checkbox"/> C
4.	<input type="checkbox"/>	FEC ID number	<input checked="" type="checkbox"/> C

2010-11-10 11:00:00 AM

Write or Type Committee Name

Johnnie Campbell for President

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

IOVA DEMOCRATIC PARTY

Mailing Address

516611 FLEWEL DEL DIES MOUTMCS  
DEEMOTMCS IA 50521-  
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

Johnnie C Campbell

Mailing Address

501 W 3RD ST Apt 206  
CITY STATE ZIP CODE

Title or Position

CANDIDATE PRESIDENT

Telephone number

563-650-8158

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

Johnnie C Campbell

Mailing Address

501 W 3RD ST Apt 206  
Paverport IA 52801-  
CITY STATE ZIP CODE

Title or Position

Treasurer

Telephone number

563-650-8158

NOT FINANCIAL REPORT

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.

Ascentra Credit Union

Mailing Address

2019 Grant St

[Empty grid for Mailing Address line 2]

Bethesda MD 52722

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Ascentra Credit Union

Mailing Address

2019 Grant St Bethesda

[Empty grid for Mailing Address line 2]

Bethesda MD 52722

CITY

STATE

ZIP CODE

2019 GRANT ST BETHESDA MD 52722

5(g) or (h). **Joint Fundraising Participant:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

FEC ID number  \_\_\_\_\_

FEC ID number  \_\_\_\_\_

FEC ID number  \_\_\_\_\_

FEC ID number  \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Relationship: \_\_\_\_\_ CITY ▲ STATE ▲ ZIP CODE ▲

Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

TITLE OR POSITION ▼ \_\_\_\_\_ CITY ▲ STATE ▲ ZIP CODE ▲

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. \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

CITY ▲ STATE ▲ ZIP CODE ▲

1103-109-0000 UNO IN UN PH 10-09

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES**  
(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

The Iowa Democratic Party

(b) Address (number and street)

8661 New DC Des Moines IA 50321

(c) City, State, and ZIP Code

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

2019 NATIONAL CONVENTION

# UNITED STATES POSTAL SERVICE®



1007

20463



U.S. POSTAGE PAID  
 PERMIT NO. 1007  
 DAVENPORT, IA  
 52802  
 NOV 21, 19  
**\$25.50**  
 R2304H108973-07



EL626493042US

**PRIORITY  
 MAIL  
 EXPRESS™**



**PAYMENT BY ACCOUNT (if applicable)**

**DELIVERY OPTIONS (Customer Use Only)**

SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

No Saturday Delivery (delivered next business day)  
 Sunday/Holiday Delivery Required (additional fee, where available)  
 10:30 AM Delivery Required (additional fee, where available)  
 \*Refer to USPS.com or local Post Office for availability.

TO: (PLEASE PRINT)

PHONE ( )

*Handwritten address:*  
 1520 Highway 21 NE  
 Davenport, IA 52802

ZIP+4® (U.S. ADDRESSES ONLY)

For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.  
 \$100.00 Insurance Included.

CUSTOMER USE ONLY  
 FROM: (PLEASE PRINT)

PHONE (563) 533-2121

*Handwritten return address:*  
 501 W 3rd St  
 Davenport, IA 52802

ORIGIN (POSTAL SERVICE USE ONLY)

<input checked="" type="checkbox"/> 1-Day	<input type="checkbox"/> 2-Day	<input type="checkbox"/> Military	<input type="checkbox"/> DPO
PO ZIP Code <i>52802</i>	Scheduled Delivery Date (MM/DD/YYYY) <i>11-22-19</i>	Postage <i>\$ 25.50</i>	
Date Accepted (MM/DD/YYYY) <i>11-21-19</i>	Scheduled Delivery Time <input checked="" type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM <input checked="" type="checkbox"/> 12 NOON	Insurance Fee \$	COD Fee \$
Time Accepted <i>2:46 PM</i>	10:30 AM Delivery Fee \$	Return Receipt Fee \$	Live Animal Transportation Fee \$
Special Handling/Fragile	Sunday/Holiday Premium Fee \$	Total Postage & Fees <i>\$ 25.50</i>	
Weight lbs. ozs.	Acceptance Employee Initials <i>RC</i>		

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt (MM/DD/YYYY) Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Delivery Attempt (MM/DD/YYYY) Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature

LABEL 11-B, OCTOBER 2016 PSN 7690-02-000-9996 3-ADDRESSEE COPY

**OPEN**

VISIT US AT USPS.COM®



Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Date of Receipt
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input checked="" type="checkbox"/> USPS Priority Mail Express	Postmarked 11/21/19
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

ES
11/22/19

PREPARER
DATE PREPARED

20191121 11:09:15 AM