

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

BLACK ALLIANCE FOR JUST IMMIGRATION POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 111 N. La Brea Ave., Suite 408

[ ] (Check if address is changed)

Inglewood CITY CA STATE 90301 ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

[ ] (Check if address is changed) cine@politicalreportingplus.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

[ ] (Check if address is changed)

2. DATE 08 / 26 / 2020

3. FEC IDENTIFICATION NUMBER C C00756445

4. IS THIS STATEMENT [X] 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 Ivery, Cine, D., ,

Signature of Treasurer Ivery, Cine, D., , [Electronically Filed] Date 08 / 26 / 2020

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 \_\_\_\_\_

Candidate Party Affiliation  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
2. \_\_\_\_\_ FEC ID number
3. \_\_\_\_\_ FEC ID number
4. \_\_\_\_\_ FEC ID number

Write or Type Committee Name

BLACK ALLIANCE FOR JUST IMMIGRATION POLITICAL ACTION COMMITTEE

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 Ivery, Cine, D., ,

Mailing Address 111 N. La Brea Ave., Suite 408

Inglewood CA 90301

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 310 817 6679

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 Ivery, Cine, D., ,

Mailing Address 111 N. La Brea Ave., Suite 408

Inglewood CA 90301

Title or Position of Treasurer CITY STATE ZIP CODE

Treasurer Telephone number 310 817 6679

Full Name of Designated Agent

Gyamfi, Nana, , ,

Mailing Address

8612 S 5th Ave #4

Inglewood

CITY

CA

STATE

90305

ZIP CODE

Title or Position

Principal Officer

Telephone number

323

947

9772

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.

California Bank & Trust

Mailing Address

550 S Hope Street, Suite 100

Los Angeles

CITY

CA

STATE

90071

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

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

FEC Form 1S (Revised 02/2017)

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

1.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
2.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
3.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
4.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>

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)

Sanders, Michelle, Moore, ,  
Full Name

111 N. La Brea Ave., Suite 408  
Mailing Address

Inglewood  CA  90301

TITLE OR POSITION ▼  CITY ▲  STATE ▲  ZIP CODE ▲

Assistant Treasurer  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 ▲