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STATEMENT OF **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. Democrats for Education Reform Democrats for Education Reform ADDRESS (number and street) 222 Broadway 19th Floor (Check if address is changed) New York 10038 NY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS jointcompliance@gmail.com (Check if address X is changed) Optional Second E-Mail Address dferlegalcompliance@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.dfer.org (Check if address is changed) DATE 2019 C00417733 FEC IDENTIFICATION NUMBER > 3. X 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. van Keerbergen, Patrick, , Mr., Type or Print Name of Treasurer van Keerbergen, Patrick, , Mr., [Electronically Filed] 07 15 2019 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

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|-------------|-----------------------|--|--|--|--|--|--|--|
| | | OMMITTEE | i aye Z | | | | | |
| Can | ndidate | 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.) | | | | | | |
| Nam Cand | e of didate | | | | | | | |
| | didate / Affiliati | Office Sought: House Senate President | State | | | | | |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | | | | | | |
| Nam Cand | e of didate | | | | | | | |
| Par | ty Con | nmittee: | (D | | | | | |
| (d) | | This committee is a (National, State or subordinate) committee of the | (Democratic, Republican, etc.) Party. | | | | | |
| Poli | tical A | ction 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) | x | This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or pacommittee. (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.) | | | | | | |
| Join | t Fund | Iraising Representative: | | | | | | |
| (g) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/organizations, at least one of which is an authorized committee of a federal candidate. | wo or more political | | | | | |
| (h) | | 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 | | | | | |
| | Com | Committees 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 | ame | |
| Democrats for | r Education Reform | |
| 6. Name of Any Connecte | ed Organization, Affiliated Committee, Joint Fundraising Representative | , or Leadership PAC Sponsor |
| NONE | | |
| | | <u> </u> |
| | | |
| Mailing Address | | |
| | | |
| | | |
| | CITY STATE | ZIP CODE |
| Relationship: Connec | cted Organization Affiliated Committee Joint Fundraising Representation | ative Leadership PAC Sponsor |
| | | |
| Custodian of Records: I books and records. | Identify by name, address (phone number optional) and position of the p | nerson in possession of committee |
| | erbergen, Patrick, , Mr., | |
| Full Name | | |
| Mailing Address | 222 BROADWAY 19TH FLOOR | |
| | | |
| | New York NY | 10038 |
| Title or Position | CITY STATE | ZIP CODE |
| Treasurer | Telephone number | 203 - 533 - 7171 |
| 3. Treasurer : List the name any designated agent (e.g. | and address (phone number optional) of the treasurer of the committee, g., assistant treasurer). | ; and the name and address of |
| Full Name van Ker of Treasurer | erbergen, Patrick, , Mr., | |
| Mailing Address | 222 BROADWAY 19TH FLOOR | |
| | | |
| | NEW YORK NY | 10038 |
| Title or Position | CITY STATE | ZIP CODE |
| Treasurer | Telephone number | 203 - 533 - 7171 |

| FEC For i | | | | | |
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| | | | | | |
| Full Name of | | | | | |
| Designated Agent | | | | | |
| Mailing Address | ı | | | | |
| Mailing Address | _ | | | | |
| | L | | | | |
| | | | | | |
| | | CITY | | STATE | ZIP CODE |
| Title or Position | | | | 1 1 1 | 1.1 |
| | | | Telephone num | nber | |
| | | | | | |
| | ıCitibank | | | | |
| | | 99 Park Avenue | | | |
| Mailing Address | 13 | 99 Park Avenue | | | |
| Mailing Address | 13 | 99 Park Avenue | | | |
| Mailing Address | [3] | 99 Park Avenue New York | | NY 10043 | |
| Mailing Address | [3] | | | | ZIP CODE |
| Mailing Address Name of Bank, | [3] | New York | | NY 10043 | |
| | [3] | New York | | NY 10043 | |
| | Depository, etc. | New York | | NY 10043 STATE | ZIP CODE |
| | Depository, etc. | New York CITY | | NY 10043 STATE | ZIP CODE |
| Name of Bank, | Depository, etc. | New York CITY | | NY 10043 STATE | ZIP CODE |
| Name of Bank, | Depository, etc. | New York CITY | | NY 10043 STATE | ZIP CODE |