

FEC
FORM 1STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (in full) (Check if name
is changed) Example: If typing, type
over the lines.

12FE4M5

The Lifer Party

ADDRESS (number and street)

1325 5th. Ave.

 (Check if address
is changed)

Suite 2F

New York

CITY ▲

NY

10029

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

 (Check if address
is changed)

4ncplife@gmail.com

Optional Second E-Mail Address

4generationnext@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

 (Check if address
is changed)

www.4ncp.life

2. DATE

M M / D D / Y Y Y Y
01 / 25 / 2021

3. FEC IDENTIFICATION NUMBER ►

C C00767384

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 Jackson, Damon, , ,

Signature of Treasurer Jackson, Damon, , ,

Date

M M / D D / Y Y Y Y
07 / 14 / 2025NOTE: 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
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100FEC FORM 1
(Revised 06/2012)

Write or Type Committee Name

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

4NCP National Committee

Mailing Address

1325 5th. Ave.

2F

New York

NY

10029

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: Connected Organization Affiliated Organization 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

Jackson, Damon, , ,

Mailing Address

1325 5th. Ave.

2F

New York

NY

10029

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

212 - 300 - 4550

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

Jackson, Damon, , ,

Mailing Address

1325 5th. Ave.

2F

New York

NY

10029

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

212 - 300 - 4550

Full Name of
Designated
Agent

Griffin, Kenneth, , ,

Mailing Address

113 Fairfield. Dr.

Salisbury

MD

21804

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Co-Custodian of PR

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.

Navy Federal

Mailing Address

PO Box 3000

Merrifield

VA

22119

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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

1. _____
 2. _____
 3. _____
 4. _____

FEC ID number
 C _____
 C _____
 C _____
 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)

Full Name

Mailing Address

NY

10029

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 ▲