

**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

Friends of Jakeya Johnson

ADDRESS (number and street)

6200 Baltimore Avenue



(Check if address is changed)

Suite 300 #1056

Riverdale

CITY ▲

MD

STATE ▲

20737

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address is changed)

info@jakeyajohnson.com

Optional Second E-Mail Address

jakeya4md@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address is changed)

jakeyajohnson.com

2. DATE

MM / DD / YYYY  
08 / 14 / 2025

3. FEC IDENTIFICATION NUMBER ►

C C00916080

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 James, Christene, , ,

Signature of Treasurer James, Christene, , ,

Date

MM / DD / YYYY  
08 / 21 / 2025

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  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 06/2012)

C

Write or Type Committee Name

Friends of Jakeya Johnson

## 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 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 James, Christene, , ,

Mailing Address 1687 St John Rd

Braxton

MS

39044

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number 601 - 896 - 2064

## 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 James, Christene, , ,

Mailing Address 1687 St John Rd

Braxton

MS

39044

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number 601 - 896 - 2064

Full Name of  
Designated  
Agent

Johnson, Jakeya, , ,

Mailing Address

6018 Westchester Park Drive

#101

Berwyn Heights

MD

20740

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

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.

Amalgamated Bank

Mailing Address

1825 K Street NW

Suite 100

Washington

DC

20006

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲