FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Friends of Jakeya Johnson 6200 Baltimore Avenue ADDRESS (number and street) Suite 300 #1056 (Check if address is changed) Riverdale 20737 MD CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address info@jakeyajohnson.com is changed) Optional Second E-Mail Address jakeya4md@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2025 C00916080 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. Type or Print Name of Treasurer James, Christene,, Date 80 21 2025 Signature of Treasurer James, Christene, , , 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

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|--|--|--|--|--|--|
| TYPE OF COMMITTEE: | | | | | |
| Candidate Committee: | | | | | |
| (a) X 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 Johnson, Jakeya, N, , | | | | | |
| Candidate Party Affiliation DEM Office Sought: House Senate President | State MD District 04 | | | | |
| (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 Republican | c, , etc.) Party | | | | |
| Political Action Committee (PAC): | | | | | |
| (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected | ed organization is a: | | | | |
| Corporation Corporation w/o Capital Stock Labor C | Organization | | | | |
| Membership Organization Trade Association Coopera | ative | | | | |
| In addition, this committee is a Lobbyist/Registrant PAC. | | | | | |
| 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.) | | | | | |
| (g) This committee is an independent expenditure-only political committee (Super PAC). | | | | | |
| In addition, this committee is a Lobbyist/Registrant PAC. | | | | | |
| (h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PA | AC). | | | | |
| In addition, this committee is a Lobbyist/Registrant PAC. | | | | | |
| Joint Fundraising Representative: | | | | | |
| (i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate. | 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. | | | | |
| 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 | | | | | |
| 1C | | | | | |
| C | | | | | |

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|---------------------|--|---|----------------------------|-----------------------|--|
| V | rite or Type Committee Name | a Jahanan | | | |
| | Friends of Jakey | | | him DAO Octob | |
| j. | | ganization, Affiliated Committee, Joint Fundraising Repre | esentative, or Leaders | nip PAC Sponsor | |
| | NONE | | | | |
| | | | | | |
| | Mailing Address | | | | |
| | | | | | |
| | | | | | |
| | | CITY A | STATE ▲ | ZIP CODE ▲ | |
| | Relationship: Connected | Organization Affiliated Organization Joint Fundraising | Representative | eadership PAC Sponsor | |
| | _ | | | | |
| 7. | Custodian of Records: Idention books and records. | fy by name, address (phone number optional) and position o | f the person in possession | on of committee | |
| | James, Chi | istene, , , | | 1 | |
| | Full Name | 1697 St. John Pd | | | |
| | Mailing Address | 1687 St John Rd | | | |
| | | | | | |
| | | Braxton | MS 39044 | | |
| | | CITY A | STATE ▲ | ZIP CODE ▲ | |
| | Title or Position ▼ | | | | |
| | Treasurer | Telephone num | ber 601 - 6 | 896 - 2064 | |
| 3. | Treasurer: List the name and any designated agent (e.g., a | d address (phone number optional) of the treasurer of the assistant treasurer). | committee; and the na | me and address of | |
| | Full Name James, Chi | istene, , , | | 1 | |
| | of Treasurer | 1687 St John Rd | | | |
| | Mailing Address | | | | |
| | | | | | |
| | | Braxton | MS 39044 | | |
| | | CITY A | STATE ▲ | ZIP CODE ▲ | |
| Title or Position ▼ | | | | | |
| | Treasurer | Telephone num | ber 601 - [_ | 896 - 2064 | |

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|-------------------------------------|--|-------------------------|--------------------|
| Full Name of Designated Agent | Johnson, Jakeya, , , | | |
| Mailing Address | 6018 Westchester Park Drive | | |
| | #101 | | |
| | Berwyn Heights | MD 20740 | |
| ··· | CITY A | STATE ▲ | ZIP CODE ▲ |
| Title or Position | Telephone nur | mber | |
| | Depositories: List all banks or other depositories in which the committee or maintains funds. | ee deposits funds, hold | ds accounts, rents |
| Name of Bank, D | Depository, etc. | | |
| | Amalgamated Bank | | |
| Mailing Address | Suite 100 | | |
| | Washington | DC 20006 | |
| | CITY A | STATE ▲ | ZIP CODE ▲ |
| | V – | | |
| Name of Bank, D | Depository, etc. | | |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| | | | |