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FEC : FORM 1

STATEMENT OF ORGANIZATION

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FORM 1				2021 Ablicoluso dals 1:58
1. NAME OF COMMITTEE (in full)		(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
1ST DISTRICT DEMC	CRATS		1 1 1 1 1 1 1 1 1	
ADDRESS (number and street)	2849	W DREXEL A	YE,, UNIT, 616, , , , ,	
(Check if address is changed)				
	IFRA	NKLIN		STATE A ZIP CODE A
COMMITTEE'S E-MAIL ADDR	≀ESS			
(Check if address is changed)	[maj	onker54@gmai	l _. com	
	Option [jn/fo:	al Second E-Mail Ac ss0213@gmail	idress .com	
COMMITTEE'S WEB PAGE A (Check if address is changed)		(URL) strict1dems.org	J	
2. DATE 07 31 2021				
3. FEC IDENTIFICATION	NUMBER	► C00	649996	
4. IS THIS STATEMENT	☐ NE	EW (N) OR	AMENDED (A)	
I certify that I have examined	this State	ment and to the bes	t of my knowledge and belief	it is true, correct and complete.
Type or Print Name of Treason	_{irer} MA	ARY A JONKE	R	
Signature of Treasurer $rac{\sqrt{1}}{2}$	Jozn	ya: Jo	Dos	Date 07 31 2021
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 Only			For further information Federal Election Commis Toll Free 800-424-9530	ECL. ELIBINI I

FEC Fo	orm 1 (Revised 02/2009)	Page 2
	COMMITTEE	
Candidat	e Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below	v.)
(p)	This committee is an authorized committee, and is NOT a principal campaign committee. (Coinformation below.)	mplete the candidate
Name of Candidate		
Candidate Party Affiliat	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Cor	nmittee:	
(d)	This committee is a SUB (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Part
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its c	onnected organization is
	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 committee. (i.e., nonconnected committee)	segregated fund or par
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fun	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate.	two or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political
Con	nmittees Participating in Joint Fundraiser	
1.	FEC ID number C	
2.	FEC ID number	
3.	FEC ID number C	
	C. TOP THE CONTRACTOR OF THE C	

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Write or Type Committee Nam	16	
1ST DISTRICT DEM	IOCRATS	
6. Name of Any Connected	Organization, Affillated Committee, Joint Fundraising Representative, or Leade	rship PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connecte	ed Organization	Leadership PAC Sponsor
 Custodian of Records: Idea books and records. 	entify by name, address (phone number optional) and position of the person in p	cossession of committee
IMARY	, A JONKER	
ruii Naille [1]		• • • • • • • • • • • • • • • • • • •
Mailing Address		<u> </u>
		<u>- </u>
	[FRANKLIN, 531;	³²
Title or Position	CITY STATE	ZIP CODE
TREASURER		497, - 4672
8. Treasurer: List the name a any designated agent (e.g.,	and address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	name and address of
Full Name of Treasurer MARY	A JONKER	
Mailing Address	2849 W DREXEL AVE., UNIT 616	
		
	CITY STATE	ZIP CODE
Title or Position		
TREASURER	1 Telephone number 262 -	497, - 4672

CITY

Page 4

. ZIP CODE

STATE

FEC Form 1 (Revised 02/2009)

Full Name of Designated

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FEC Form 1S (Revised 02/2017)

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

Page ___ of ___

5(g) or (h). Joint Fundra	ising Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
6. Name of Any Connec	ted Organization, Affiliated Committee, Join	t Fundralsing Representati	/e, or Leadership PAC Sponsor
Mailing Address			
Relationship:	CITY ▲	STATE A	ZIP CODE A
	ected Organization Affiliated Committee	Foint Fundraising Represen	[]
	Side Organization Transaction Committee	Joint Fundaising Trepresen	Leadership 1 AC Optrisor
8. Designated Agent: Ide	entify by name, address (phone number – opti	onal)	
Full Name			
Mailing Address			
TITLE OR POSIT	ON ▼ CITY ▲	STATE ▲	ZIP CODE ▲
<u> </u>		Telephone Number	
9. Banks or Other Depo safety deposit boxes of	sitories: List all banks or other depositories in maintains funds.	n which the committee depos	its funds, holds accounts, rents
Name of Bank, Depository, etc.			
Mailing Address			
	CITY A	STATE ▲	ZIP CODE ▲

Federal Elections Commission 1050 First Street; NE Washington DC 20463

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No Postmark		
Overnight Delivery Service (Specify):	Shipping Date	
	Next Business Day Delivery	
Received from House Records & Registrati	Date of Receipt on Office	
Received from Senate Public Records Office	Date of Receipt e	
Received from Electronic Filing Office	Date of Receipt	
Other (Specify):	Date of Receipt or Postmarked	
JAM PREPARER	8/16/21 DATE PREPARED	
(3/2015)	•	