

# 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

John Barker for Congress

ADDRESS (number and street) 1091 Bayview Ave

(Check if address is changed)

Bayville NJ 08721  
CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

mdxray@comcast.net

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 11 / 09 / 2021

3. FEC IDENTIFICATION NUMBER ▶ C C00793901

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 Barker, John, , ,

Signature of Treasurer Barker, John, , , [Electronically Filed] Date 12 / 24 / 2021

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.

5. TYPE OF COMMITTEE

**Candidate 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.)

Name of Candidate Barker, John, , ,

Candidate Party Affiliation  REP  Office Sought:  House  Senate  President State  NJ District  02

- (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 \_\_\_\_\_ (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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)  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.)

**Joint Fundraising Representative:**

- (g)  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.
- (h)  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

1. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_
2. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_
3. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_
4. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_

Write or Type Committee Name

# John Barker for Congress

**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 Committee  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 Barker, John, , ,

Mailing Address 1091 Bayview Ave

Bayville NJ 08721

Title or Position CITY STATE ZIP CODE

Candidate Telephone number 732 616 3032

**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 Barker, John, , ,

Mailing Address 1091 Bayview Ave

Bayville NJ 08721

Title or Position CITY STATE ZIP CODE

Telephone number 732 616 3032

Full Name of Designated Agent

Barker, Lisa, , ,

Mailing Address

1091 Bayview Ave

Bayville

NJ

08721

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.

Ocean First

Mailing Address

Rt. 9

Bayville

NJ

08721

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Chain Bridge Bank

Mailing Address

1445A Laughlin Av

McLean

VA

22101

CITY

STATE

ZIP CODE