

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

IOWA FIRST DISTRICT DEMOCRATIC CENTRAL COMMITTEE

ADDRESS (number and street) 6672 S 68TH AVE W

(Check if address is changed)

PRAIRIE CITY

CITY ▲

IA

STATE ▲

50228

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

middkid96@gmail.com

Optional Second E-Mail Address
sandyd@danvilletelco.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.iowafirst.org

2. DATE

02 / 23 / 2022

3. FEC IDENTIFICATION NUMBER ▶

C C00406876

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 DeVries, Scott, , ,

Signature of Treasurer

DeVries, Scott, , ,

[Electronically Filed]

Date

02 / 23 / 2022

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.

Office Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

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 _____

Candidate Party Affiliation Office Sought: House Senate President State
 District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a SUB (National, State or subordinate) committee of the Dem (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

IOWA FIRST DISTRICT DEMOCRATIC CENTRAL COMMITTEE

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

IOWA DEMOCRATIC PARTY

Mailing Address 5661 FLEUR DRIVE

DES MOINES

IA

50321

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 DeVries, Scott, , ,

Mailing Address 6672 S 68TH AVE W

PRAIRIE CITY

IA

50228

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number 515 - 971 - 5462

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 DeVries, Scott, , ,

Mailing Address 6672 S 68TH AVE W

PRAIRIE CITY

IA

50228

Title or Position Treasurer

CITY

STATE

ZIP CODE

Telephone number 515 - 971 - 5462

Full Name of Designated Agent

Dockendorf, Sandy, , ,

Mailing Address

22921 135th St

Danville

IA

52623

CITY

STATE

ZIP CODE

Title or Position

Chair

Telephone number

319

750

5294

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.

US Bank

Mailing Address

Mount Vernon Rd SE

Cedar Rapids

IA

52403

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE