Image# 202112059469798823

FEC

Only

STATEMENT OF

PAGE 1/8

ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Maine Democratic Party PO Box 5258 ADDRESS (number and street) 320 Water St 3rd Floor (Check if address is changed) 04330-5258 Augusta ME CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS Darryl@CommonCentsConsulting.net (Check if address is changed) Optional Second E-Mail Address lisa@mainedems.org COMMITTEE'S WEB PAGE ADDRESS (URL) www.mainedems.org (Check if address is changed) DATE 29 2021 C00179408 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. Johnson, Betty, , , Type or Print Name of Treasurer Johnson, Betty, , , [Electronically Filed] 12 05 2021 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

TYPE O		Page 2
Candid	F COMMITTEE date 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. (Cor information below.)	nplete the candidate
Name of Candidat		
Candidate Party Aft		State District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidat		
Party (Committee:	(Dama ayatia
(d)	This committee is a STA (National, State or subordinate) committee of the DEM	(Democratic, Republican, etc.) Party
Politica	al Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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 s committee. (i.e., nonconnected committee)	egregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint F	undraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t	
(h)	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 t committees/organizations, none of which is an authorized committee of a federal candidate.	
C	Committees Participating in Joint Fundraiser	
1	L L L L L L L L L L L L L L L L L L L	
2		
2		

		_
FEC Form 1 (Revised		Page 3
Write or Type Committee Nam		
Maine Democra	atic Party	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Repre	sentative, or Leadership PAC Sponsor
DNC Services Corpor	ration / Democratic National Committee	
Mailing Address	Victory Fund 	
	430 S Capitol Street, SE	
	Washington	DC 20003
	CITY	STATE ZIP CODE
_		
Relationship: Connecte	ed Organization Affiliated Committee X Joint Fundraising F	Representative Leadership PAC Sponsor
. Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and positio	n of the person in possession of committee
Johnson,	Betty, , ,	1
Full Name	,16 Winthrop St.	
Mailing Address		
	Augusta	ME 04330-5258
Title or Position	CITY	STATE ZIP CODE
Treasurer	Telephone numb	per 207 - 622 - 6233
Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the assistant treasurer).	committee; and the name and address of
Full Name Johnson,	Betty, , ,	
of Treasurer	16 Winthrop St.	
Mailing Address		
	Augusta	ME 04330-5258 -
Title or Position	CITY	STATE ZIP CODE
Treasurer	Telephone numb	per 207 - 622 - 6233

FEC Form 1 ((Revised 02/2009)	Page 4
Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit boxes of Name of Bank, Depos		
Name of Bank, Depos	or maintains funds. sitory, etc. D Bank 101 Western Avenue	
Name of Bank, Depos	or maintains funds. sitory, etc. D Bank	0
Name of Bank, Depos	or maintains funds. sitory, etc. D Bank 101 Western Avenue	O
Name of Bank, Depos	or maintains funds. sitory, etc. D Bank 101 Western Avenue Augusta CITY STATE	
Name of Bank, Depos Mailing Address Name of Bank, Depos	or maintains funds. sitory, etc. D Bank 101 Western Avenue Augusta CITY STATE	
Name of Bank, Depos Mailing Address Name of Bank, Depos	or maintains funds. sitory, etc. D Bank 101 Western Avenue Augusta CITY STATE sitory, etc.	
Name of Bank, Depos Mailing Address Name of Bank, Depos	or maintains funds. sitory, etc. D Bank 101 Western Avenue Augusta CITY STATE sitory, etc. ank of America	
Name of Bank, Depos Mailing Address Name of Bank, Depos	or maintains funds. sitory, etc. D Bank 101 Western Avenue Augusta CITY STATE STATE 730 15th Street NW	ZIP CODE
Name of Bank, Depos Mailing Address Name of Bank, Depos	or maintains funds. sitory, etc. D Bank 101 Western Avenue Augusta CITY STATE sitory, etc. ank of America	ZIP CODE

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

FEC Form 1S (Revised 02/2017)

5(g) (or(h). Joint Fundraisin	g Participant:	
	1.		FEC ID number
	2.		FEC ID number C
	3		FEC ID number
	4.		FEC ID number
6.	Name of Any Connected Dollars for Democ	_	sing Representative, or Leadership PAC Sponsor
	Mailing Address	Assoc. of State Democratic Chairs	
		430 South Capitol St SE, STE 300	
		Washington	DC 20003
	Relationship:	CITY A	STATE ▲ ZIP CODE ▲
	Connected	Organization Affiliated Committee	undraising Representative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)	
	Full Name		
	Mailing Address		
	TITLE OR POSITION	▼ CITY ▲	STATE ▲ ZIP CODE ▲
		Telep	phone Number
9.	safety deposit boxes or ma	ries: List all banks or other depositories in which the intains funds.	e committee deposits funds, holds accounts, rents
		275 Seventh Avenue	
	Mailing Address		
		New York	NY 10003
		CITY ▲	STATE ▲ ZIP CODE ▲

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

FEC Form 1S (Revised 02/2017)

g) or (h). Joint Fundraisi	ng Participant:		
1		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
	d Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
Mailing Address	430 South Capitol Street SE		
	Washington	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Designated Agent: Identi	ify by name, address (phone number – optional)		
Full Name		1 1 1 1 1 1	
Full Name			
	CITY	STATE A	ZIP CODE A
Mailing Address	CITY A		
Mailing Address TITLE OR POSITION	CITY ▲ Tel ories: List all banks or other depositories in which t	STATE ▲	ZIP CODE 🛦
Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or many Name of Bank, Depository, etc.	CITY ▲ Tel ories: List all banks or other depositories in which t	STATE ▲	ZIP CODE A
Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or many part of Bank,	CITY ▲ Tel ories: List all banks or other depositories in which t	STATE ▲	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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

h). Joint Fundraisi	.g . a		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected BIDEN VICTORY	l Organization, Affiliated Committee, Joint Fundi ゲートリング	raising Representative	e, or Leadership PAC Spon
Mailing Address	430 SOUTH CAPITOL STREET SE		
Walling / Idai 000			
	WASHINGTON	, DC	20003
Delete celete			
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee Joint fy by name, address (phone number – optional)	t Fundraising Representa	ative Leadership PAC Sp
		t Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identing Full Name	fy by name, address (phone number – optional) CITY		
esignated Agent: Identing Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identii Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	fy by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	fy by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite aftety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A

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

FEC Form 1S (Revised 02/2017)

(g) or (h	ı). Joint Fundraisinç	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	С
	=	Organization, Affiliated Committee, Joint Fundrais	sing Representative	e, or Leadership PAC Sponsor
	JARED GOLDEN	VICTORY FUND		
L				
	Mailing Address	611 Pennsylvania Avenue SE		
		Suite 143		
		Washington	DC	20003
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee	undraising Representa	ative Leadership PAC Sponsor
. De	Full Name Mailing Address	by name, address (phone number – optional)		
	Mailing Address			
	TITLE OR POSITION	CITY A	STATE ▲	ZIP CODE ▲
			phone Number	
sat	inks or Other Depositor fety deposit boxes or ma time of Bank,	ies: List all banks or other depositories in which the ntains funds.	e committee deposit	s funds, holds accounts, rents
	epository, etc.			
	Mailing Address			