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June 5, 2025

Federal Election Commission  
1050 First Street, N.E.  
Washington, D.C. 20463

Dear Sir / Madam,

I am submitting the Statement of Organization (FEC Form 1) to register the Democratic Party of the Virgin Islands as a political committee in compliance with the established rules and regulations. Please contact [cb\\_manjack@yahoo.com](mailto:cb_manjack@yahoo.com) or (340) 513- 7159 about this registration. Thank you for this consideration.

Sincerely,

  
Carol M. Burke  
Chairwoman

FEC  
FORM 1

# STATEMENT OF ORGANIZATION

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Office Use Only

1. NAME OF  
COMMITTEE (in full)

☐

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

Democratic Party of the U.S., Virgin Islands

ADDRESS (number and street)

P.O. Box 2680

☐

(Check if address  
is changed)

Christiansted

CITY ▲

VI

STATE ▲

00822

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐

(Check if address  
is changed)

ch\_manjack@yahoo.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐

(Check if address  
is changed)

www.democrati.org

2. DATE

02 / 25 / 2025

3. FEC IDENTIFICATION NUMBER ►

C

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

Dr. Kyza Calwood

Signature of Treasurer

Kyza A. Calwood

Date

02

25

2025

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

FEC FORM 1  
(Revised 03/2022)

## 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  
CandidateCandidate  
Party AffiliationOffice  
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 State (National, State or subordinate) committee of the Democrat (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.)

- (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 PAC).

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 or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (j) 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. \_\_\_\_\_

2. \_\_\_\_\_

C

C

Write or Type Committee Name

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

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: ☒ Connected Organization ☐ Affiliated Organization ☐ 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 Carol M. BurkeMailing Address P.O. Box 2680

\_\_\_\_\_  
Christiansted VI 00822 - \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

State Chairwoman Telephone number 340 - 513 - 7159

## 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 Dr. Kyza GallwoodMailing Address P.O. 10646

\_\_\_\_\_  
St. Thomas VI 00801 - \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer Telephone number 340 - 513 - 9346

Full Name of  
Designated  
Agent

Carol M. Burke

Mailing Address

P.O. Box 2680

Christiansted

V.I.

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

State Chairwoman

Telephone number

340

513

7159

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.

Bank of St. Croix

Mailing Address

P.O. Box 24240

Christiansted

V.I.

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

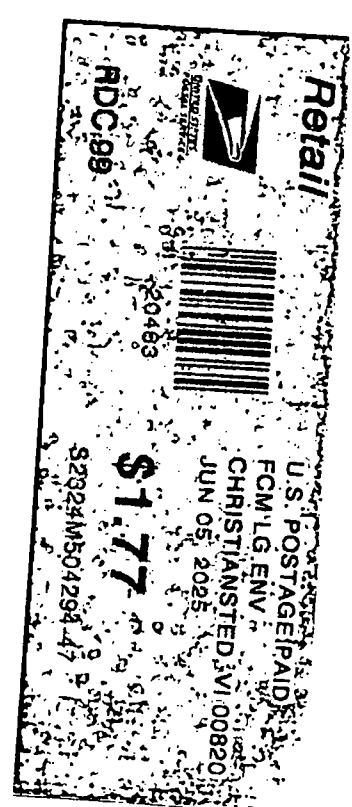
CITY ▲

STATE ▲

ZIP CODE ▲

Mr. W. Frank  
Box 2680  
Christiansted, V.I. 00822

Federal Election Commission  
1050 First Street N.E.  
Washington D.C. 20463



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**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Date of Receipt <i>6/16/25</i>
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	<div style="display: flex; justify-content: space-between;"> <span>Shipping Date</span> <span>Date of Receipt</span> </div> <div style="display: flex; justify-content: flex-end; align-items: center;"> <span>Next Business Day Delivery</span> <input type="checkbox"/> </div>
<input type="checkbox"/> Received via FAX	Date of Receipt
<input type="checkbox"/> Received via Email	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>WDS</i> PREPARER (4/2023)	<i>6/16/25</i> DATE PREPARED

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