FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Darius Mayfield For America PO Box 405 ADDRESS (number and street) (Check if address is changed) Helmetta 08828 NJ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS liz@lizcurtisassociates.com (Check if address is changed) Optional Second E-Mail Address dariusmayfieldforamerica@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.dariusmayfieldforamerica.com (Check if address is changed) DATE 2021 C00766519 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. Curtis, Elizabeth, , , Type or Print Name of Treasurer Curtis, Elizabeth, , , [Electronically Filed] 06 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

EEC E	orm 1 (Revised 02/2009)	Page 2
	COMMITTEE	raye Z
Candidat	e Committee:	
(a) x	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 Candidate	Mayfield, Darius, , ,	
Candidate Party Affilia	ion REP Office Sought: X House Senate President	State NJ District 12
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co		
(d)	(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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 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 Fun	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Con	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

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Write or Type Committee Name	. ago c
Darius Mayfield For America	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	shin PAC Sponsor
	siip r Ac Spoilsoi
NEW AMERICAN PARTY	
28 RIVER ROAD Mailing Address	
EAST BRUNSWICK NJ 08816	
CITY STATE	ZIP CODE
Relationship: Connected Organization Affiliated Committee X Joint Fundraising Representative Le	adership PAC Sponsor
Custodian of Records: Identify by name, address (phone number optional) and position of the person in pobooks and records.	ssession of committee
Curtis, Elizabeth, , , Full Name	1
Mailing Address 5 Halifax Ct	
<u> </u>	
Marlton NJ 08053	
Title or Position CITY STATE	ZIP CODE
Treasurer Telephone number 609 —————————————————————————————————	433 - 8620
3. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name any designated agent (e.g., assistant treasurer).	ame and address of
Full Name Curtis, Elizabeth, , , of Treasurer	1
Mailing Address 5 Halifax Ct	
	<u> </u>
Mariton NJ 08053	
CITY STATE Title or Position	ZIP CODE
Treasurer Treasurer	433 - 8620

FFC For		
1 LO 1 011	m 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	Ally, Saudia, , ,	
Mailing Address	PO Box 405	
J		
	Helmetta	08828
	CITY STATE	ZIP CODE
Title or Position Assistant Treas		631 - 255 - 2144
safety deposit be	r Depositories: List all banks or other depositories in which the committee deposit poxes or maintains funds.	
safety deposit be Name of Bank,	Depository, etc. TD Bank	
safety deposit be	Depository, etc. TD Bank 1765 NJ-18	
safety deposit be Name of Bank,	Depository, etc. TD Bank 1765 NJ-18	
safety deposit be Name of Bank,	Depository, etc. TD Bank 1765 NJ-18	08816
safety deposit be Name of Bank,	Depository, etc. TD Bank 765 NJ-18	08816 ZIP CODE
safety deposit be Name of Bank,	Depository, etc. TD Bank 765 NJ-18 East Brunswick NJ CITY STATE	
safety deposit be Name of Bank, Mailing Address	Depository, etc. TD Bank 765 NJ-18 East Brunswick NJ CITY STATE	ZIP CODE
safety deposit be Name of Bank, Mailing Address	Depository, etc. TD Bank 765 NJ-18 East Brunswick CITY STATE Depository, etc.	ZIP CODE
safety deposit be Name of Bank, Mailing Address	Depository, etc. TD Bank 765 NJ-18 East Brunswick CITY STATE Depository, etc.	ZIP CODE
safety deposit be Name of Bank, Mailing Address	Depository, etc. TD Bank 765 NJ-18 East Brunswick CITY STATE Depository, etc.	ZIP CODE