

# 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

## FRIENDS TO ELECT LATERESA A JONES

ADDRESS (number and street) 401 N ROSEMARY AVE

(Check if address is changed)

WEST PALM BEACH CITY ▲ FL STATE ▲ 33401 ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) lateresajones@gmail.com

Optional Second E-Mail Address james@gopcompliance.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed) LAJONESFORCONGRESS.COM

2. DATE 02 / 17 / 2021

3. FEC IDENTIFICATION NUMBER C C00552711

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 Appel, James, , ,

Signature of Treasurer Appel, James, , , [Electronically Filed] Date 07 / 29 / 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 JONES, LATERESA, ANN, ,

Candidate Party Affiliation  REP  Office Sought:  House  Senate  President State  FL  District  20

- (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

# FRIENDS TO ELECT LATERESA A JONES

**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 Jones, LaTeresa, , ,

Mailing Address 611 Amaryllis Ave

Pahokee

FL

33476

Title or Position

CITY

STATE

ZIP CODE

Telephone number 850 - 264 - 1568

**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 Appel, James, , ,

Mailing Address 1809 Francis Ct

Annapolis

MD

21401

Title or Position

CITY

STATE

ZIP CODE

Telephone number 202 - 510 - 7545

Full Name of Designated Agent

Mailing Address

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.

IBERIA BANK

Mailing Address

605 N OLIVE AVE

WEST PALM BEACH

FL

33401

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

BRANCH BANK & TRUST-MARYLAND

Mailing Address

5 Church Circle

Annapolis

MD

21401

CITY

STATE

ZIP CODE