

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED SECRETARY OF THE SENATE PUBLIC RECORDS

13 JUN -3 PM 3:15

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

JARAMILLO FOR US SENATE

ADDRESS (number and street)

7630 E DOWNSTREAM DRIVE

(Check if address is changed)

PALMER

AK

99645-7450

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

JARAMILLOFORSENATE@YAHOO.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

NONE

2. DATE 03 / 12 / 2013

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

John Jaramillo

Signature of Treasurer

[Handwritten Signature]

Date

03 / 12 / 2013

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 02/2009)

13020252244

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 JOHN MICHAEL JARAMILLO

Candidate Party Affiliation REP Office Sought: House Senate President State AK
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 _____ (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

13020252245

Write or Type Committee Name

JARAMILLO FOR US SENATE

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

NONE

Mailing Address

[Empty address lines]

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

JOHN MICHAEL JARAMILLO

Mailing Address

7630 E DOWNSTREAM DRIVE

[Empty address line]

PALMER AK 99645-7450

Title or Position

CITY

STATE

ZIP CODE

RECORDS KEEPER

Telephone number 907-315-1807

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

JOHN MICHAEL JARAMILLO

Mailing Address

7630 E DOWNSTREAM DRIVE

[Empty address line]

PALMER AK 99645-7450

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 907-315-1807

13020252246

Full Name of Designated Agent

NONE

Mailing Address

Empty address lines for Mailing Address

CITY

STATE

ZIP CODE

Title or Position

Empty line for Title or Position

Telephone number

Empty telephone number line

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.

WELLS FARGO BANK NA

Mailing Address

1701 E PARKS HWY

Empty address line

WASILLA

AK

99654

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

WELLS FARGO BANK NA

Mailing Address

PO BOX 3908

Empty address line

PORTLAND

OR

97208

CITY

STATE

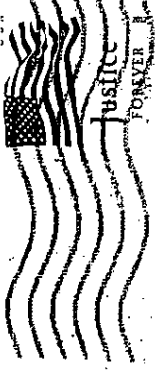
ZIP CODE

13020252247

13020252248

John Jaramillo
7630 E Downstream Dr
Palmer AK 99645-7460

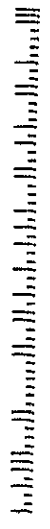
ANCHORAGE AK 995
28 MAY 2013 PM 1 L



Secretary of the Senate
Office of Public Records
PO Box 77578
Washington, DC 20513

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BY THE SENATE
POST OFFICE**

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NANCY ERICKSON
SECRETARY

DANA K. MCCALLUM
SUPERINTENDENT

U.S. SENATE OFFICE BUILDING
SUITE 212
WASHINGTON, DC 20510-7118
PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____

USPS FIRST CLASS MAIL _____
Date of Receipt **5-28-13**
Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

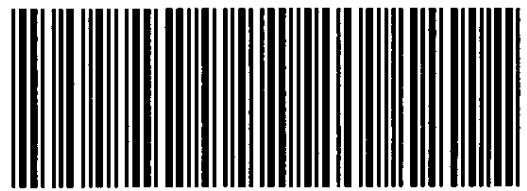
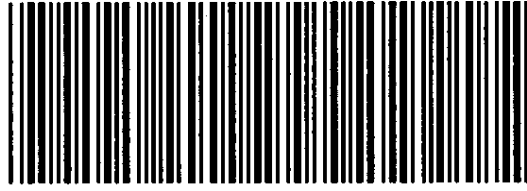
POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER **DH** DATE PREPARED **6-3-13**

13020252249



13020252250