

2018 FEB 13 PM 12:03

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

Lateresa Jones for U.S. Senate

ADDRESS (number and street)

Post Office Box 454



(Check if address
is changed)

Havana

CITY ▲

FL

STATE ▲

32333

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address
is changed)

lateresaajones2018@gmail.com

Optional Second E-Mail Address

lateresajones@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address
is changed)

www.lateresajones.com

2. DATE

12

18

2017

3. FEC IDENTIFICATION NUMBER ►

C:00552711

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: Annie Griffin

Signature of Treasurer

Annie Griffin

Date

01

02

2018

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 06/2012)

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 Lateresa Jones

Candidate Party Affiliation Rep Office Sought: House Senate President State FL District 00

- (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	<u>C</u>
2.	_____	FEC ID number	<u>C</u>
3.	_____	FEC ID number	<u>C</u>
4.	_____	FEC ID number	<u>C</u>

Write or Type Committee Name

Lateresa Jones for United States Senate

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for 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

Annie Griffin

Mailing Address

10207 Sunrise Lakes Blvd

#101

Sunrise Lakes Blvd

FL

33322

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

305

951

8311

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

Annie Griffin

Mailing Address

10207 Sunrise Lakes Blvd.

#101

Sunrise

FL

33322

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

305

951

8311

Full Name of Designated Agent

Mailing Address

Mailing Address (line 2)

Mailing Address (line 3)

CITY

STATE

ZIP CODE

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.

SUNTRUST BANK

Mailing Address 12396 West Sunrise Blvd

Mailing Address (line 2)

Mailing Address (line 3) Plantation FL 33323

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Name of Bank, Depository, etc. (line 2)

Mailing Address (line 1)

Mailing Address (line 2)

Mailing Address (line 3)

CITY

STATE

ZIP CODE

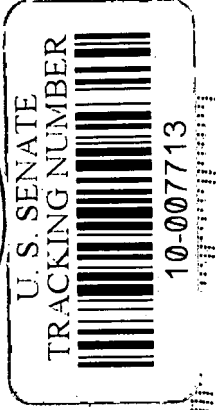
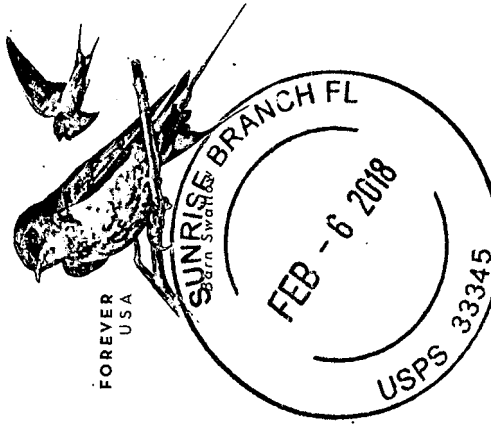
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L'ATERESA JONES for U.S. SENATE
c/o Annie Griffin
10207 sunrise Lakes Blvd. #101
Sunrise, FL 33322

Sorted by CAS1
Senate Post Office
FEB 12 2018

SECRETARY of the State
P. O. Box 77578
Washington, DC 20013-7578



United States Senate

OFFICE OF THE SECRETARY

WASHINGTON, DC 20510-7116

PHONE(202) 224-0322

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL 2/13/18
Date of Receipt

2/6/18
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"/>

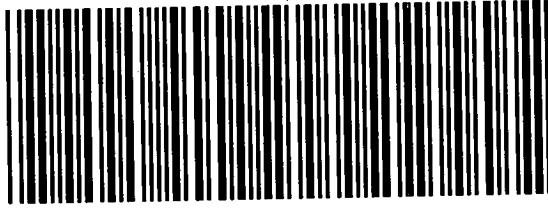
RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

POSTMARK ILLEGIBLE NO POSTMARK

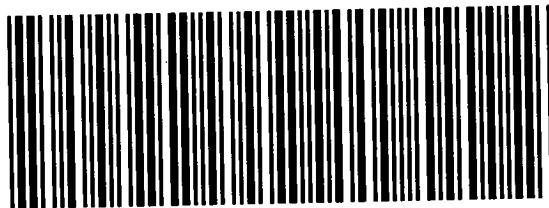
FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER BP DATE PREPARED 2/13/18



SEN PATCH



SEN PATCH

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