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FEDERAL
OPERATIONS CENTER

2004 FEB 11 P 12 32

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.   12FB4105

JON PORTER FOR CONGRESS COMMITTEE

ADDRESS (number and street)   1420 CYPRESS CREEK ROAD STE. 200-221

(Check if address is changed)

CEDAR PARK   TX   78613-

CITY ▲   STATE ▲   ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

jonporter2004.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.porter2004.com

COMMITTEE'S FAX NUMBER

512-335-2816

2. DATE   02 06 2004

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   Jeff McDonald

Signature of Treasurer   Date   2 7 2004

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) |

FE1AN042.PDF

5. TYPE OF COMMITTEE (Check One)

(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 ☐oN PoRTER

Candidate Party Affiliation DEM   Office Sought: ✓ House   ☐ Senate   ☐ President   State TX   District 3 1.

(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

(d) This committee is a ___ (National, State or subordinate) committee of the ___ (Democratic, Republican, etc.) Party.

(e) This committee is a separate segregated fund.

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address

CITY ▲   STATE ▲   ZIP CODE ▲

Relationship

Type of Connected Organization:

☐ Corporation   ☐ Corporation w/o Capital Stock   ☐ Labor Organization

☐ Membership Organization   ☐ Trade Association   ☐ Cooperative

Write or Type Committee Name

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   **TREASURER**

Mailing Address

Title or Position ▼	CITY ▲	STATE ▲ ZIP CODE ▲

Telephone number [____]-[____]-[____]

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   **JEFF McDONALD**

Mailing Address   **H.9.11. WEST. AVE. STE.200**

BOSTON   **TX**   **28705**-[____]

Title or Position ▼	CITY ▲	STATE ▲ ZIP CODE ▲

TREASURER   Telephone number **512-257-8727**

Full Name of
Designated
Agent

Mailing Address

Title or Position ▼	CITY ▲	STATE ▲ ZIP CODE ▲

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.

BANK OF AMERICA			

Mailing Address

11800 FM 2769			
AUSTIN	TX	78726-	
CITY ▲	STATE ▲	ZIP CODE ▲	

Name of Bank, Depository, etc.

Mailing Address

	CITY ▲	STATE ▲	ZIP CODE ▲

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