2016 · 05 · 23 · 03 · 00075410

FEC FORM 1

STATEMENT OF ORGANIZATION

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2016 MAY 23 AM 9: 18

				Office Use Only				
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	and a second				
Vote Jeff Jones	<u> </u>		1 1 1 1 1					
		1 ! ! ! ! ! ! !						
ADDRESS (number and street)	PO Box 2230							
(Check if address is changed)	Taylor		Mi	18180				
	С	ITY	STATE	ZIP CODE				
COMMITTEE'S E-MAIL ADDRES	SS (Please provide only one e-n	nail address)						
(Check if address	jeffjones4cong	ıress@gmail.co	om					
is changed)	· · · · · · · · · · · · · · · · · · ·		·					
	,	an talah dari dari berbesak berbasak dari dari berbasak berbasak berbasak berbasak berbasak berbasak berbasak Berbasak berbasak be	·· .					
COMMITTEE'S WEB PAGE ADD		4congress.com		,				
(Check if address								
is changed)								
2 DATE 05 17 2016								
3. FEC IDENTIFICATION NU	лмвеr C,00	611269						
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)						
I certify that I have examined th	nis Statement and to the best of	of my knowledge and belief i	it is true, correct a	and complete.				
Type or Print Name of Treasurer Phyllis M. Clark								
Signature of Treasurer	Tylenclan		Date 05	17 2016				
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 of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	sion	FEC FORM 1 (Revised 02/2009)				

F	FEC Fo i	rm 1 (Revised 02/2009)	Page 2
TYPE	E OF C	OMMITTEE	
	ididate	e 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. (Comple information below.)	te the candidate
Name Cand		Jeff Jones	<u>. i . i . i . i . i . i . i . i . i . i</u>
Cand Party	lidate Affiliatio	on GOP Office Sought: House Senate President	State District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of lidate		
Parl	ty Con	nmittee:	
(d)			emocratic, publican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conne	cted organization is a
		Corporation Corporation w/o Capital Stock	abor 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 segre committee. (i.e., nonconnected committee)	egated 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.)	
Join	t Fund	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number C	agamagamagana adamadamadamada
	3.	FEC ID number	
	4.		

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	FEC Form 1 /R	Revised 02/2009)	Page 3
Writ	te or Type Committe		i ugo o
	ote Jeff Joi		
		nected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
0. 1	value of Ally Collin	rected Organization, Anniated Committee, John Fundraising Representative, or Leadership	PAC Spoilsoi
	A		
Ν	Mailing Address		
		CITY STATE ZI	P CODE
F	delationship: Co	Connected Organization Affiliated Committee Joint Fundraising Representative Leader	ership PAC Sponsor
	Custodian of Recor- ooks and records.	rds: Identify by name, address (phone number optional) and position of the person in posse	ssion of committee
F	ull Name	Phyllis M. Clark	
N	Mailing Address	18115 Streicher	
			1
		Brownstown Mi 48173	
Т	itle or Position	CITY STATE ZI	P CODE
	Treasurer	Telephone number [734] – [497	
		name and address (phone number optional) of the treasurer of the committee; and the name of (e.g., assistant treasurer).	and address of
	ull Name f Treasurer	Phyllis M Clark	<u> </u>
N	lailing Address	18115 Streicher	
		Brownstown Mi 148173	
T	itle or Position	CITY STATE ZI	P CODE
	Treasurer	1 1 1 1 1 1 1 1 1 1	[3695

CITY

STATE

ZIP CODE

Page 4

FEC Form 1 (Revised 02/2009)

Jeff Jones

Full Name of Designated

18115 Streicher Rd.

Brownstown, MI. 48173

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(3/2015)