Only

## STATEMENT OF

PAGE 1 / 4 =

FEC FORM 1		0	RGANI	ZATI	ON												
1. NAME OF			Check if name	E>	kample: I	f typina	ı. tvpe	-	1 0 1	T. 4 N		Office	Use O	nly			_
COMMITTEE (in	full)		s changed)		er the I		,, -,,	Į.	12F	<b>出41</b> V	15	_	_				
Dr Jon Spie	ers for	Cong	ress														ı
		2368A R	ce Blvd #61														
ADDRESS (number a																	╛
		Houston							LTX		77	7005 					
		CI	TY▲						STAT	E▲			Z	IP CC	)DE ▲	<b>\</b>	
COMMITTEE'S E-MA	AIL ADDRI	ESS															
(Check if a is changed		info@d	rjonspiers.co	m 													
	/		Second E-Mail														
		jps@s	piersgroup.	com													
COMMITTEE'S WEB	PAGE AD																
		www.drjo	nspiers.com														
•		1															ı
2. DATE 1:	M / D	)7	2017														
3. FEC IDENTIFIC	CATION N	IUMBER <b>&gt;</b>	C	C00662	775												
4. IS THIS STATEM	MENT 3	<b>N</b> EW	(N) OR	[	,	AMEND	ED (A)	)									
certify that I have e	examined	this Stateme	nt and to the b	est of my	/ knowle	edge an	d belie	of it is	true,	corre	ect an	id co	mplet	э.			
Type or Print Name	of Treasure	er Corbell,	Jon, K, , CPA														
Signature of Treasure	er <i>Cort</i>	bell, Jon, K, , C	CPA		[Elect	ronically	Filed]	D	ate		12	/	07	/ Y	201		Υ
NOTE: Submission of	false, error		omplete informat									e pen	alties	of 2 l	J.S.C.	§437	g.
Office Use					For further information contact: Federal Election Commission Toll Free 800-424-9530  FEC FORM 1 (Revised 06/2012)					_ _							

Toll Free 800-424-9530

Local 202-694-1100

FEC	Form 1 (Revised 02/2009)	Page <b>2</b>								
	COMMITTEE									
	ite Committee:									
(a)	This committee is a principal campaign committee. (Complete the candidate information below	1.)								
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Coninformation below.)	mplete the candidate								
Name of Candidate	Spiers, Jon, P, Dr,									
Candidate	Office	State								
Party Affi	ation REP Sought: X House Senate President	District 02								
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.									
Name of Candidate										
Party C	ommittee:									
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.								
Politica	Action Committee (PAC):									
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	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 Fu	ndraising Representative:									
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for 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 committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political								
С	mmittees Participating in Joint Fundraiser									
1.										
2.	FEC ID number C									
3.	FEC ID number									
4.										

FEC Form 1 (Revis	ed 02/2009)	Page <b>3</b>			
Write or Type Committee N	ame				
Dr Jon Spiers	for Congress				
6. Name of Any Connected	ed Organization, Affiliated Committee, Joint Fundraising Representative, o	r Leadership PAC Sponsor			
NONE					
Mailing Address					
	CITY STATE	ZIP CODE			
Custodian of Records:	Affiliated Committee Joint Fundraising Representative Fundraising Representative Fundraising Representative Fundraising Representative Fundraising Fundraising Fundraising Fundraising Fundraising Fundraising Fundraising Fundraising				
books and records.					
Corbell, Jon, K, , CPA  Full Name					
Mailing Address	16225 Park Ten Place				
	Suite 470				
	Houston	77084			
Title or Position	CITY STATE	ZIP CODE			
Treasurer	Telephone number	1 - 492 - 8119			
Treasurer: List the name any designated agent (e.	and address (phone number optional) of the treasurer of the committee; a g., assistant treasurer).	nd the name and address of			
Full Name Corbel of Treasurer	I, Jon, K, , CPA				
Mailing Address	16225 Park Ten Place				
	Suite 470				
	Houston TX CITY STATE	ZIP CODE			

FEC <b>Form 1</b> (Revised	1 02/2009)	Page <b>4</b>
Full Name of Designated Agent Bloch, Alic	ia, M, , CPA	
Mailing Address	16225 Park Ten Place	
	Suite 470	
	Houston TX 77084  CITY STATE Z	IP CODE
Title or Position Asst Treasurer		92 8119
safety deposit boxes or main Name of Bank, Depository, e		accounts, rents
	Katy TX 77494	
	CITY STATE Z	ZIP CODE
Name of Bank, Depository, e	etc.	
Mailing Address		
	CITY STATE Z	ZIP CODE