Image# 202008139261299164				PAGE 1 / 4
FEC FORM 1	STATEMEI ORGANIZ			
1. NAME OF	(Chack if name	Example: If typing, type		e Use Only
COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Jones Houlahan	Victory Fund			
	918 Pennsylvania Ave SE			
DDRESS (number and street)				
(Check if address is changed)				
	Washington		DC 20003	
	CITY 🔺		STATE A	ZIP CODE▲
COMMITTEE'S E-MAIL ADDRE	ESS			
(Check if address is changed)	Janelli@capcompliance			
<i>c i</i>	Optional Second E-Mail Ad	dress		
(Check if address is changed)				
	D / Y Y Y Y 3 2020			
B. FEC IDENTIFICATION N	UMBER ► C c	00754721		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
certify that I have examined t	his Statement and to the best	of my knowledge and belief it	is true, correct and co	omplete.
Type or Print Name of Treasure	Janelli, Steven, , ,			
Signature of Treasurer Jane	lli, Steven, , ,	[Electronically Filed]	Date 08	13 / Y Y Y Y 13 2020
NOTE: Submission of false, erron		may subject the person signing t ON SHOULD BE REPORTED W		nalties of 2 U.S.C. §437g.
Office Use Only		For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100	on F	EC FORM 1 Revised 06/2012)

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TYPE OF C	OMMITTEE	
Candidate	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. (Cor information below.)	nplete the candidate
Name of Candidate		
Candidate Party Affiliation	on Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Con		
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political A	ction Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization	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 s committee. (i.e., nonconnected committee)	egregated 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.)	
Joint Fund	Iraising Representative:	
(g) 🗶	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 the committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Com	mittage Derticipating in Joint Fundraiger	
1.	mittees Participating in Joint Fundraiser MONDAIRE FOR CONGRESS	0711150
2.	CHRISSY HOULAHAN FOR CONGRESS	0637371
3.	FEC ID number	
4.	FEC ID number	

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Write or Type Committee Name

Jones Houlahan Victory Fund

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

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.

Janelli, St	even, , ,
Full Name	
	918 Pennsylvania Ave SE
Mailing Address	
	DC 20003 - -
Title or Position	CITY STATE ZIP CODE
Treasurer	Telephone number 202 544 6960

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	Janelli, Steven, , ,
Mailing Address	918 Pennsylvania Ave SE
	CITY STATE ZIP CODE
Title or Position	6960 6960

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Full Name of Designated Agent																			1	1			I		1			_
Mailing Address																												
		L				1																						
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									CI	ΓY								ST/	λΤΕ				ZI	> C	OD	Ε		
Title or Position																												
													Tele	eph	ione	e ni	umt	ber			_							

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.

Amal	amated Bank		
Mailing Address	1825 K St NW		
	Washington		20006
	CITY	STATE	ZIP CODE
Name of Bank, Depository	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE