

FEC
FORM 1STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (in full)(Check if name
is changed)Example: If typing, type
over the lines.

12FE4M5

Thompson4ND

ADDRESS (number and street)

3120 25th St S

 (Check if address
is changed)

Ste 349z

Fargo

ND

58103

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

 (Check if address
is changed)

Kj.jones.pro@gmail.com

Optional Second E-Mail Address

Vern.thompson@rocketmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

 (Check if address
is changed)

Thompson4Nd.com

2. DATE

M M / D D / Y Y Y Y
02 / 11 / 2026

3. FEC IDENTIFICATION NUMBER ►

C C00939173

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 Jones, Kristina, , ,

Signature of Treasurer

Jones, Kristina, , ,

Date

M M / D D / Y Y Y Y
02 / 13 / 2026NOTE: 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
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100FEC FORM 1
(Revised 06/2012)

Write or Type Committee Name

Thompson4ND

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

NONE

Mailing Address

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CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: Connected Organization Affiliated Organization 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

Jones, Kristina, , ,

Mailing Address

1015 35th ave s

Fargo

ND

58104

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

218 - 415 - 0896

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

Jones, Kristina, , ,

Mailing Address

1015 35th ave s

Fargo

ND

58104

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

218 - 415 - 0896

Full Name of
Designated
Agent

Eide, John, , ,

Mailing Address

2409 Victoria Rose Dr S

Fargo

ND

58104

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Assistant Treasurer

Telephone number

701

367

2853

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.

Alerus Financial NA

Po box 6001

Grand Forks

ND

58206

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲