Only

STATEMENT OF

PAGE 1 / 4

FEC ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. JIM CHRISTIANA FOR SENATE 440 SEBRING RD ADDRESS (number and street) (Check if address is changed) **BEAVER** 15009 PA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS JIMCHRISTIANA3@GMAIL.COM (Check if address is changed) Optional Second E-Mail Address JLJUKUS@YAHOO.COM COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2019 C00638304 FEC IDENTIFICATION NUMBER > 3. X 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. Jukus, Joel, , , Type or Print Name of Treasurer Jukus, Joel,,, [Electronically Filed] 04 13 2019 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FEC Form 1 (Revised 02/2009)	Page 2
TYPE OF COMMITTEE Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information	n below.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee information below.)	ee. (Complete the candidate
Name of Christiana, James, J, , III Candidate	
Candidate Party Affiliation REP Office Sought: House * Senate Presented P	State PA sident District 00
(c) This committee supports/opposes only one candidate, and is NOT an authorized comm	nittee.
Name of Candidate	
Party Committee:	(Domogratio
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6	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 ser committee. (i.e., nonconnected committee)	parate segregated 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 Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proce committees/organizations, at least one of which is an authorized committee of a federal ca	
(h) This committee collects contributions, pays fundraising expenses and disburses net proceed committees/organizations, none of which is an authorized committee of a federal candidate.	
Committees Participating in Joint Fundraiser	
1.	
2. FEC ID number	
3.	
4.	

FEC Form 1 (Revised	02/2000)	Page 3
Write or Type Committee Nam		raye 3
	NA FOR SENATE	
	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersl	nip PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representative Lea	ndership PAC Sponsor
 Custodian of Records: Idea books and records. 	entify by name, address (phone number optional) and position of the person in pos	session of committee
Jukus, Jo	pel,,,	
Full Name	4031 Thicket Lane	
Mailing Address	Harrisburg	
	PA PA 17110	
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	395 1636
3. Treasurer: List the name are any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the nar assistant treasurer).	ne and address of
Full Name Jukus, Jo of Treasurer	el, , ,	
Mailing Address	4031 Thicket Lane	
	Harrisburg	
	PA 17110 PA 17110	
Title or Position	CITY STATE	ZIP CODE
Title or Position Treasurer	Telephone number 717 - 3	395 - 1636

FEC For	m 1 (Revised 02/2009)	Page 4
Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
Banks or Othe safety deposit b Name of Bank,	r Depositories: List all banks or other depositories in which the committee deposits funds, ho oxes or maintains funds. Depository, etc. First National Bank	olds accounts, rents
safety deposit b	oxes or maintains funds. Depository, etc. First National Bank 1 North Shore Center	
safety deposit b Name of Bank,	Depository, etc. First National Bank 1 North Shore Center #503	
safety deposit b Name of Bank,	Depository, etc. First National Bank 1 North Shore Center #503 Pittsburgh Pa 15212	
safety deposit by Name of Bank, Mailing Address	Depository, etc. First National Bank 1 North Shore Center #503 Pittsburgh Pa 15212	
safety deposit by Name of Bank, Mailing Address Name of Bank,	Depository, etc. First National Bank 1 North Shore Center #503 Pittsburgh CITY STATE Depository, etc.	
safety deposit by Name of Bank, Mailing Address	Depository, etc. First National Bank 1 North Shore Center #503 Pittsburgh CITY STATE Depository, etc.	
safety deposit by Name of Bank, Mailing Address Name of Bank,	Depository, etc. First National Bank 1 North Shore Center #503 Pittsburgh CITY STATE Depository, etc.	