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FEC
FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

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

12FE4M5

JORGENSEN FOR CONGRESS

ADDRESS (number and street)

1330 5TH STREET



(Check if address is changed)

SUITE F

SOLVANG

CA

93463-1

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

JORGENSENFORCONGRESS08@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

N/A

COMMITTEE'S FAX NUMBER

2. DATE

02 06 2008

3. FEC IDENTIFICATION NUMBER

C

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

Edward Jorgensen

Signature of Treasurer

Edward Jorgensen

Date

02 06 2008

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 contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 12/2007)

5. TYPE OF COMMITTEE

Candidate 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. (Complete the candidate information below.)

Name of Candidate

MARTA ANN JORGENSEN

Candidate Party Affiliation

DEM

Office Sought:



House



Senate



President

State

CA

District

24

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

Party Committee:

- (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.) Its connected organization is a:



Corporation



Corporation w/o Capital Stock



Labor Organization



Membership Organization



Trade Association



Cooperative

- (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 Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.

FEC ID number

C

2.

FEC ID number

C

3.

FEC ID number

C

4.

FEC ID number

C

5.

FEC ID number

C

Write or Type Committee Name

JORGENSEN FOR CONGRESS

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

Mailing Address

CITY

STATE

ZIP CODE

Relationship:



Connected Organization



Affiliated Committee



Leadership PAC Sponsor



Joint Fundraising Representative

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

EDWARD JORGENSEN

Mailing Address

1330 5TH STREET

SUITE F

SOLVANA

STATE

LA

ZIP CODE

193463

Name of Bank, Depository, etc.

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number

805-1686-15974

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

EDWARD JORGENSEN

Mailing Address

1330 5TH STREET

SUITE F

SOLVANA

CITY

STATE

ZIP CODE

LA

193463

Title or Position

TREASURER

Telephone number

805-1686-15974

Full Name of
Designated
Agent

Mailing Address

N/A

CITY

STATE

ZIP CODE

Title or Position

Telephone number

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.

LABOBANK

Mailing Address

P.O. BOX 6002

ARRONO GRANDE

CA

93421-6002

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

N/A

CITY

STATE

ZIP CODE

REC
20080414STATEMENT OF
ORGANIZATION

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

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 PREPARER	2/15/08 DATE PREPARED

(3/2005)

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