**FEC** 

Only

## STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Jason Wright for Congress 1242 N. Pacific Street ADDRESS (number and street) (Check if address is changed) Mineola 75773  $\mathsf{TX}$ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS compliance@complianceconsultingva.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2017 C00663005 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. Clark, Jenny, , , Type or Print Name of Treasurer Clark, Jenny,,, [Electronically Filed] 12 2017 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

	<b>-</b>	1 (7)	5 0
		rm 1 (Revised 02/2009)	Page <b>2</b>
		OMMITTEE • 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. (Con information below.)	nplete the candidate
Nam Cand	e of didate	Wright, Jason, , ,	
	didate / Affiliati	on REP Office Sought: * House Senate President	State TX District 05
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical 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 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 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.)	
Join	t Fund	raising 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.		
	3.	FEC ID number	
	4.		

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Write or Type Committee N		J
Jason Wright	for Congress	
	ted Organization, Affiliated Committee, Joint Fundraising Representative	ve, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Conn	nected Organization Affiliated Committee Joint Fundraising Represe	ntative Leadership PAC Sponsor
<ul> <li>Custodian of Records: books and records.</li> </ul>	: Identify by name, address (phone number optional) and position of the	person in possession of committee
Clark Full Name	, Jenny, , ,	
Mailing Address	1242 N. Pacific Street	
Mailing Address		
	Mineola TX	75773
Title or Position	CITY STATE	ZIP CODE
Treasurer		
Treasurer: List the name any designated agent (e	e and address (phone number optional) of the treasurer of the committee.g., assistant treasurer).	ee; and the name and address of
Full Name Clark, of Treasurer	, Jenny, , ,	
Mailing Address	1242 N. Pacific Street	
	Mineola   TX	75773
Title or Position Treasurer	CITY STATE	ZIP CODE
	Telephone number	

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Full Name of Designated Agent	1 , , ,		
Mailing Address		1	
Walling / lauress			
			1_1
		CITY STATE	ZIP CODE
Title or Position			
		Telephone number	
safety deposit be			
Name of Bank,		etc.	
	Depository, e		
Name of Bank,	Depository, e	etc.	
Name of Bank,	Depository, e	2200 Wilson Blvd	1
Name of Bank,	Depository, e	2200 Wilson Blvd Suite 100	1
Name of Bank,	Depository, e	2200 Wilson Blvd  Suite 100  Arlington  CITY  STATE	
Name of Bank,	Depository, e	2200 Wilson Blvd  Suite 100  Arlington  CITY  STATE	
Name of Bank, Mailing Address  Name of Bank,	Depository, e	2200 Wilson Blvd  Suite 100  Arlington  CITY  STATE	
Name of Bank,	Depository, e	2200 Wilson Blvd  Suite 100  Arlington  CITY  STATE	
Name of Bank, Mailing Address  Name of Bank,	Depository, e	2200 Wilson Blvd  Suite 100  Arlington  CITY  STATE	