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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Keya Jerry for President P.O.Box 1444 ADDRESS (number and street) (Check if address is changed) Lorton 22199 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS renee_keya@yahoo.com (Check if address is changed) Optional Second E-Mail Address keya2016@yahoo.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2015 C00578617 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. Renee Keya Jerry Type or Print Name of Treasurer Renee Keya Jerry [Electronically Filed] 80 2015 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 Only

Local 202-694-1100

| | FFC Fo | rm 1 (Revised 02/2009) | Page 2 |
|-------------|-----------------------|--|--|
| | | OMMITTEE | i aye ∠ |
| | | Committee: | |
| (a) | \times | 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. (Corinformation below.) | nplete the candidate |
| Nam Can | e of didate | Renee Keya Jerry | |
| | didate / Affiliati | on DEM Office Sought: House Senate X President | State |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Nam Cand | e of didate | | |
| Par | ty Con | nmittee: | (Dama anatia |
| (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 to 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 t 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. | FEC ID number | |
| | 3. | FEC ID number | |
| | 4. | | |

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| Write or Type Committee | | - 3 |
| Keya Jerry fo | or President | |
| | ted Organization, Affiliated Committee, Joint Fundraising Representative, or Lea | dership PAC Sponsor |
| NONE | | |
| | | |
| Mailian Addana | | |
| Mailing Address | | |
| | | |
| | CITY STATE | ZIP CODE |
| Relationship: Conr | nected Organization Affiliated Committee Joint Fundraising Representative | Leadership PAC Sponsor |
| books and records. | : Identify by name, address (phone number optional) and position of the person in | n possession of committee |
| Rene Full Name | ee Keya Jerry | |
| Mailing Address | P.O.Box 1444 | |
| Mailing Address | | |
| | Lorton VA 221 | 99 |
| Title or Position | CITY STATE | ZIP CODE |
| | Telephone number | - 749 - 5742 |
| Treasurer: List the name any designated agent (6 | ne and address (phone number optional) of the treasurer of the committee; and the e.g., assistant treasurer). | e name and address of |
| Full Name Rene of Treasurer | ee Keya Jerry | |
| Mailing Address | P.O.Box 1444 | |
| | | |
| | Lorton VA 221 | |
| Title or Position | CITY STATE | ZIP CODE |
| | Telephone number | - 749 - 5742 |

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|---|---|-----------------|
| | | |
| Full Name of | | |
| Designated Agent | | |
| Mailing Address | | |
| | | |
| | CITY STATE 2 | ZIP CODE |
| Title or Position | | |
| | Telephone number | |
| | | accounts, Tents |
| safety deposit bo | oxes or maintains funds. | accounts, rents |
| safety deposit bo Name of Bank, [| Depository, etc. Wells Fargo 16300 navagation dr dumfries VA 22191 | ZIP CODE |
| safety deposit bo Name of Bank, [| Depository, etc. Wells Fargo 16300 navagation dr dumfries VA 22191 CITY STATE | |
| safety deposit bo Name of Bank, I Mailing Address | Depository, etc. Wells Fargo 16300 navagation dr dumfries CITY STATE Depository, etc. | ZIP CODE |
| safety deposit bo Name of Bank, I Mailing Address | Depository, etc. Wells Fargo 16300 navagation dr dumfries VA 22191 CITY STATE | |
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