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STATEMENT OF **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. Janice Arnold-Jones for Congress 2018 7713 Sierra Azul, NE ADDRESS (number and street) (Check if address is changed) Albuquerque 87110 NM CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS treasurer@janiceforcongress2018.com (Check if address is changed) Optional Second E-Mail Address jearnoldjones@msn.com COMMITTEE'S WEB PAGE ADDRESS (URL) https://www.janiceforcongress2018.com/ (Check if address is changed) DATE 2017 C00649848 FEC IDENTIFICATION NUMBER 3. 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. Bruno, Victor, S.,, Type or Print Name of Treasurer Bruno, Victor, S.,, [Electronically Filed] 07 10 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 Only

Local 202-694-1100

F	EC Fo	orm 1 (Revised 02/2009)	Page 2	
		COMMITTEE		
	aldate	This committee:		
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)		
(b) Name	e of	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) of Arnold-Jones, Janice, E, ,		
Cand		Arriola-Johnes, Jainice, L.,		
Candi Party	idate Affiliati		nate NM of the strict NM	
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	MIIOC	
Name Candi				
Part	y Con	mmittee:		
(d)		(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party		
Polit	ical A	Action Committee (PAC):		
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization			
		Corporation Corporation w/o Capital Stock Labor	Organization	
		Membership Organization Trade Association Coop	erative	
		In addition, this committee is a Lobbyist/Registrant PAC.		
(f) This committee supports/opposes more than one Federal candidate, and is NOT committee. (i.e., nonconnected committee)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	ed 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	Func	draising Representative:		
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or mocommittees/organizations, at least one of which is an authorized committee of a federal candidate.	ore political	
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or mocommittees/organizations, none of which is an authorized committee of a federal candidate.	ore political	
	Com	nmittees 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 N	Name	
Janice Arnolo	d-Jones for Congress 2018	
	ted Organization, Affiliated Committee, Joint Fundraising Representati	ive, or Leadership PAC Sponsor
NONE		
	<u>. </u>	<u> </u>
Mailing Address		
	2:=:	-:2 2005
	CITY STATE	ZIP CODE
Relationship: Conne	ected Organization	entative Leadership PAC Sponsor
Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the	e person in possession of committee
	o, Victor, S., ,	
Full Name	PO Box 14375	
Mailing Address		
	Alleranorma	, ,87191
	Albuquerque	
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	505 - 296 - 5900
Treasurer: List the name any designated agent (e)	e and address (phone number optional) of the treasurer of the committedg., assistant treasurer).	tee; and the name and address of
Full Name Bruno of Treasurer	o, Victor, S., ,	
Mailing Address	PO Box 14375	
	Albuquerque	87191
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	505 296 5900

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Full Name of Designated Agent	Jones, John, L., ,						
Mailing Address	7713 Sierra Azul NE						
	Albuquerque NM 87110 CITY STATE	ZIP CODE					
Title or Position Designated Agent	Telephone number 505 –	604 - 3456					
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.							
l	Bank of America						
Mailing Address	4301 Wyoming NE						
	Albuquerque NM 87111						
	CITY STATE	ZIP CODE					
Name of Bank, De	epository, etc.						
Į							
Mailing Address							