

**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

Reagan Box for US House 2026

ADDRESS (number and street)

P.O. Box 271



(Check if address is changed)

Rome

CITY ▲

GA

STATE ▲

30162

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address is changed)

jayrejones@protonmail.com

Optional Second E-Mail Address

jayrejones@protonmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address is changed)

www.reaganforcongress.com

2. DATE

M M / D D / Y Y Y Y
12 / 18 / 2025

3. FEC IDENTIFICATION NUMBER ►

C C00818807

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 Jones, Jayre, A.,

Signature of Treasurer Jones, Jayre, A.,

Date

M M / D D / Y Y Y Y
12 / 18 / 2025

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

Committees Participating in Joint Fundraiser

Write or Type Committee Name

Reagan Box for US House 2026

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

NONE

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: ☐ Connected Organization ☐ Affiliated Organization ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

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 Jones, Jayre, A, ,

Mailing Address 2509 Pine Cove Dr

Tucker

GA

30084

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number 404 - 771 - 5166

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 Jones, Jayre, A, ,

Mailing Address 2509 Pine Cove Dr

Tucker

GA

30084

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Telephone number 404 - 771 - 5166

Full Name of
Designated
Agent

Mailing Address

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.

Regions Bank

Mailing Address

832 battlefield Parkway

Fort Oglethorpe

GA

30742

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲