

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

Harold Jones Elect Jones US Congress Campaign

ADDRESS (number and street) 810 Lexington Cir

(Check if address is changed)

Manchester CITY ▲ TN STATE ▲ 37355 ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) jonesjr1369@yahoo.com

Optional Second E-Mail Address
VoteRJones@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed) votejonesforcongress.com

2. DATE 03 / 26 / 2026

3. FEC IDENTIFICATION NUMBER ▶ C C00945451

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 Sheible, Dan, , Mr.,

Signature of Treasurer Sheible, Dan, , Mr., Date 03 / 28 / 2026

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 Only				
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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

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 Jones, Harold, Eugene, Mr., Jr

Candidate Party Affiliation REP Other Party

Office Sought: House Senate President

State TN Other State

District 04 Other District

- (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

In addition, this committee is a Lobbyist/Registrant PAC.

- (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 Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

- (g) This committee is an independent expenditure-only political committee (Super PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

- (h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

Joint Fundraising Representative:

- (i) 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.
- (j) 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. _____

C _____

2. _____

C _____

Write or Type Committee Name

Harold Jones Elect Jones US Congress Campaign

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

Dan Sheible

Mailing Address 810 Lexington Cir

Manchester TN 37355

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 Sheible, Dan, , Mr.,

Mailing Address 810 Lexington Cir

Manchester TN 37355

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Finance Manager Telephone number 931 - 300 - 1111

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 Sheible, Dan, , Mr.,

Mailing Address 810 Lexington Cir

Manchester TN 37355

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Finance Manager Telephone number 931 - 300 - 1111

Full Name of Designated Agent

Sheible, Dan, , Mr.,

Mailing Address

810 Lexington Circle

Manchester

TN

37355

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Joint Acct Manager

Telephone number

931

300

1111

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.

Coffee County Bank

Mailing Address

P.O. Box 1109

Manchester

TN

37355

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F1N

Transaction ID :

Dan Sheible

Form/Schedule:

Transaction ID: