

**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

ELECT JAIME MILTON

ADDRESS (number and street)

300 Opatrny Dr



(Check if address is changed)

UNIT 122

Fox River Grove

CITY ▲

IL

STATE ▲

60021

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address is changed)

info@jaimemilton.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address is changed)

jaimemilton.com

2. DATE

MM / DD / YYYY
05 / 05 / 2022

3. FEC IDENTIFICATION NUMBER ►

C

C00816264

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 Milton, Jaime, , ,

Signature of Treasurer

Milton, Jaime, , ,

[Electronically Filed]

Date

MM / DD / YYYY
05 / 26 / 2022

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)

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 Milton, Jaime, , ,

Candidate Party Affiliation REP Office Sought: ☒ House ☐ Senate ☐ President State IL District 14

- (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. _____

2. _____

C _____

C _____

Write or Type Committee Name

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

KINGDOM CONSERVATIVE PARTY

Mailing Address

PO BOX 633

OOLTEWAH

TN

37363

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 Milton, Jaime, , ,

Mailing Address

300 Opatrny Dr

APT 122

Fox River Grove

IL

60021

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Candidate

Telephone number

630

400

0781

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 Milton, Jaime, , ,

Mailing Address

300 Opatrny Dr

APT 122

Fox River Grove

IL

60021

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Telephone number

630

400

0781

Full Name of
Designated
Agent

Mlton, Jaime, , ,

Mailing Address

300 Opatrny Dr

APT 122

Fox River Grove

IL

60021

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Telephone number

630

400

0781

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.

Huntington Bank

Mailing Address

2045 E. Algonquin Rd

Algonquin

IL

60102

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Paypal

Mailing Address

300 Opatrny Dr

APT 122

Fox River Grove

IL

60021

CITY ▲

STATE ▲

ZIP CODE ▲

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: F1N

Transaction ID :

ELECT JAIME MILTON #88-2070542 KINGDOM CONSERVATIVE PARTY #FEC-1561624 FROM JANUARY
THRU MAY 5TH ONLY

Form/Schedule: F1N

Transaction ID:

PAC: Kingdom Conservative Party reimbursed me on expenses in the amount of approx. \$1,000 up until 5/5/22. I have received reports from this PAC and will need guidance on how to properly record these reimbursements. EIN number for ELECT JAIME MILTON received on or around 5/5/22. Paypal account currently being used in the interim of awaiting Form FORM 1 info needed in order to open a campaign bank account. Paypal account is only being used for donations and expenditures tied to the campaign.