STATEMENT OF

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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. McCray, Joseph Sr. for Congress PO Box 2726 ADDRESS (number and street) (Check if address is changed) FAIR OAKS 95628 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS johnfronefield@yahoo.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2013 C00515445 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. John Fronefield Type or Print Name of Treasurer John Fronefield [Electronically Filed] 04 2013 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 | |
| Can | | e Committee: | |
| (a) | X | 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. (Complinformation below.) | ete the candidate |
| Name Cand | | Joseph McCray Sr. | |
| Cand | | Office | State |
| Party | Affiliati | ion Sought: X House Senate President | District 06 |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Name Cand | | | |
| Part | y Con | mmittee: | |
| (d) | | | Democratic, epublican, etc.) Party. |
| Poli | tical A | Action Committee (PAC): | |
| (e) | | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.) | ected 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 seg committee. (i.e., nonconnected committee) | regated 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 Func | draising Representative: | |
| (g) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate. | or more political |
| (h) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate. | or more political |
| | Com | nmittees Participating in Joint Fundraiser | |
| | 1. | . | |
| | 1. | | |
| | 2. | FEC ID number | |
| | 3. | FEC ID number | |
| | 4. | | |

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|--|---|---------------------|
| Write or Type Committee Name | | |
| McCray, Joseph | n Sr. for Congress | |
| <u> </u> | rganization, Affiliated Committee, Joint Fundraising Representative, or Leadershi | p PAC Sponsor |
| NONE | | |
| | | |
| | | |
| Mailing Address | | |
| | | |
| | | |
| | CITY STATE Z | IP CODE |
| Relationship: Connected | Organization Affiliated Committee Joint Fundraising Representative Lead | lership PAC Sponsor |
| . Custodian of Records: Iden books and records. | tify by name, address (phone number optional) and position of the person in posso | ession of committee |
| John Frone | efield | 1 |
| Full Name | ,3065 Hawaii Ct | |
| Mailing Address | | |
| | West Sacramento , CA , 95691 | |
| | West Sacramento CA 95691 | |
| Title or Position | CITY STATE Z | IP CODE |
| Treasurer | | 74 0609 |
| 3. Treasurer: List the name and any designated agent (e.g., a | address (phone number optional) of the treasurer of the committee; and the nam ssistant treasurer). | e and address of |
| Full Name John Frone of Treasurer | field | |
| Mailing Address | 3065 Hawaii Ct | |
| | | |
| | West Sacramento CA 95691 | |
| Title or Position | CITY STATE Z | IP CODE |
| Treasurer | Telephone number 530 - 57 | 74 - 0609 |

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|---|--|--------------------|
| | | |
| Full Name of Designated Agent | | |
| Mailing Address | | |
| | | |
| | | |
| Title or Position | CITY STATE | ZIP CODE |
| | | |
| | | |
| | | a decounts, Tortes |
| safety deposit bo Name of Bank, I | Depository, etc. JP Morgan Chase Bank, N.A. 18859 Madison Ave | decounts, rents |
| safety deposit bo | Depository, etc. JP Morgan Chase Bank, N.A. 18859 Madison Ave | |
| safety deposit bo Name of Bank, I | Depository, etc. JP Morgan Chase Bank, N.A. 18859 Madison Ave | |
| safety deposit bo Name of Bank, I | Depository, etc. JP Morgan Chase Bank, N.A. 8859 Madison Ave | ZIP CODE |
| safety deposit bo Name of Bank, I | Depository, etc. JP Morgan Chase Bank, N.A. 8859 Madison Ave FAir Oaks CITY STATE | |
| safety deposit be Name of Bank, I Mailing Address | Depository, etc. JP Morgan Chase Bank, N.A. 8859 Madison Ave FAir Oaks CITY STATE | ZIP CODE |
| safety deposit be Name of Bank, I Mailing Address | Depository, etc. JP Morgan Chase Bank, N.A. 8859 Madison Ave FAir Oaks CITY STATE Depository, etc. | ZIP CODE |
| safety deposit be Name of Bank, I Mailing Address | Depository, etc. JP Morgan Chase Bank, N.A. 8859 Madison Ave FAir Oaks CITY STATE Depository, etc. | ZIP CODE |
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