

**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

John Fial Forward: A Presidential Vision

ADDRESS (number and street)

2850 SW Cedar Hills Blvd



(Check if address is changed)

#1311

Beaverton

CITY ▲

OR

STATE ▲

97005

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address is changed)

fialfamilyforamerica@gmail.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address is changed)

https://www.johnfial.com/campaign/

2. DATE

MM / DD / YYYY
09 / 22 / 2023

3. FEC IDENTIFICATION NUMBER ►

C

C00851436

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 Fial, John, , ,

Signature of Treasurer Fial, John, , ,

Date

MM / DD / YYYY
09 / 23 / 2023

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 Fial, John, , ,

Candidate Party Affiliation DEM Office Sought: ☐ House ☐ Senate ☒ President State 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.

2.

C
C

Write or Type Committee Name

John Fial Forward: A Presidential Vision

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 Fial, John, , ,

Mailing Address

2850 SW Cedar Hills Blvd

#1311

Beaverton

OR

97005

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Custodian of Records

Telephone number

971

405

1001

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 Fial, John, , ,

Mailing Address

2850 SW Cedar Hills Blvd

#1311

Beaverton

OR

97005

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Telephone number

971

405

1001

Full Name of
Designated
Agent

Fial, John, , ,

Mailing Address

2850 SW Cedar Hills Blvd

#1311

Beaverton

OR

97005

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Telephone number

971

405

1001

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.

(None Yet)

Mailing Address

2850 SW Cedar Hills Blvd

#1311

Beaverton

OR

97005

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: F1N
Transaction ID :

I will open a bank account and file an updated form 1 within a few weeks -- ideally within 15 days. Please forgive the indecisive 2023-08-06 through 2023-0922 "testing the waters" period, during which I sometimes used the word "campaign" although I had not yet officially files. Thanks for your understanding! --Presidential Candidate John Fial, johnfial.com (PS: I aim to debate Biden on or before Jan 20, 2024.)

Form/Schedule:
Transaction ID: