

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED SECRETARY OF THE SENATE PUBLIC RECORDS

2017 NOV 21 AM 9:18 Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

BRUCE JACOBSON JR. FOR US SENATE

ADDRESS (number and street)

6051 DAVIS BLVD
PO BOX 820531

(Check if address is changed)

NORTH RICHLAND HILLS

CITY

TX

STATE

76180

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

BRUCE.FORTEXAS@GMAIL.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

BRUCEFORTEXAS.COM

2. DATE

11 / 16 / 2017

3. FEC IDENTIFICATION NUMBER

C

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

LAURIE RODRIGUEZ

Signature of Treasurer

Laurie Rodriguez

Date

11 / 16 / 2017

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

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

FEC FORM 1 (Revised 08/2012)

2017112102092009549

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 BRUCE JACOBSON JR.

Candidate Party Affiliation REP Office Sought: House Senate President State TX 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.)

Joint Fundraising Representative:

- (g) 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.
- (h) 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.	_____	FEC ID number	<u>C</u> _____
2.	_____	FEC ID number	<u>C</u> _____
3.	_____	FEC ID number	<u>C</u> _____
4.	_____	FEC ID number	<u>C</u> _____

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Write or Type Committee Name

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee 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 BRUCE JACOBSON, III

Mailing Address 5959 MAPLE AVE #1209

[Empty grid lines for address]

DALLAS TX 75235-

Title or Position

CITY

STATE

ZIP CODE

ASSISTANT TREASURER

Telephone number 817-368-6181

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 LAURIE RODRIGUEZ

Mailing Address 1324 BRITNEY COURT

[Empty grid lines for address]

KELLER TX 76248-

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 214-282-9772

20171121020030951

Full Name of Designated Agent

BRUCE JACOBSON, III

Mailing Address

5959 MAPLE AVE #1209

DALLAS

CITY

TX

STATE

75235

ZIP CODE

Title or Position

ASSISTANT TREASURER

Telephone number

817-368-6181

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.

FROST BANK

Mailing Address

8501 DAVIS BLVD

NORTH RICHLAND HILLS

CITY

TX

STATE

76182

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

201711210200309552

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United States Senate

OFFICE OF THE SECRETARY

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AIRBORNE EXPRESS	_____	<input type="checkbox"/>

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Date of Receipt

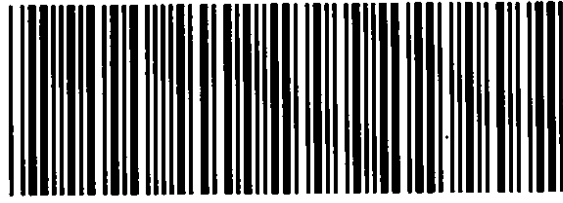
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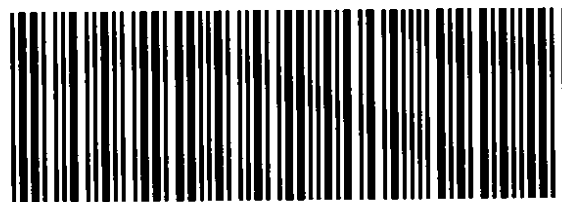
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