Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Texans for Ronny Jackson PO Box 53058 ADDRESS (number and street) (Check if address is changed) Amarillo 79159 TX CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS TRJ@cmandco.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) https://ronnyjacksonfortexas13.com/ (Check if address is changed) DATE 2022 C00730531 FEC IDENTIFICATION NUMBER > 3. 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. Morrow, Chris, , , Type or Print Name of Treasurer Morrow, Chris,,, [Electronically Filed] 04 19 2022 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

Local 202-694-1100

FFC E	orm 1 (Revised 02/2009)	Page <b>2</b>
	COMMITTEE	1 aye <b>2</b>
Candidat	e Committee:	
(a) <b>x</b>	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. (Corinformation below.)	mplete the candidate
Name of Candidate	Jackson, Ronny, Lynn, ,	
Candidate Party Affiliat	ion REP Office Sought: <b>X</b> House Senate President	State TX District 13
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Cor		
(d)	(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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 s committee. (i.e., nonconnected committee)	segregated 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.)	
Joint Fun	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for 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 t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Con	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

FEC <b>Form 1</b> (Revis	sed 02/2009)	Page <b>3</b>
Write or Type Committee N	Name	
Texans for Re	onny Jackson	
	ted Organization, Affiliated Committee, Joint Fundraising Representative, or L	eadership PAC Sponsor
TEAM RONNY		
Mailing Address	PO BOX 51522	
		9159
	CITY STATE	ZIP CODE
Relationship: Conn	nected Organization Affiliated Committee X Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records: books and records.	: Identify by name, address (phone number optional) and position of the person	ı in possession of committee
	ow, Chris, , ,	
Full Name	,PO Box 53058	
Mailing Address		
		70.450
	Amarillo TX 7	<sup>7</sup> 9159 
Title or Position	CITY STATE	ZIP CODE
Custodian	Telephone number	]
. <b>Treasurer:</b> List the name any designated agent (e	e and address (phone number optional) of the treasurer of the committee; and e.g., assistant treasurer).	the name and address of
Full Name Morro	ow, Chris, , ,	
Mailing Address	PO Box 53058	
Č		
	Amarillo TX 7	9159
Title or Position	CITY STATE	ZIP CODE 6174
	Telephone number	]-[

EEC Ear	n 1 (Payisad 0.2/2000)	Dago A
FEC <b>FOR</b>	<b>n 1</b> (Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent		
Mailing Address		
		-
	CITY STATE	ZIP CODE
Title or Position	Telephone number	
safety deposit be	<ul> <li>Depositories: List all banks or other depositories in which the committee deposits funds, hoxes or maintains funds.</li> </ul>	iolus accounts, rents
safety deposit be Name of Bank,	Depository, etc.  Amarillo National Bank  1410 S. Taylor St	
safety deposit be	Depository, etc.  Amarillo National Bank  1410 S. Taylor St	iolus accounts, rents
safety deposit be Name of Bank,	Depository, etc.  Amarillo National Bank  1410 S. Taylor St	
safety deposit be Name of Bank,	Depository, etc.  Amarillo National Bank  410 S. Taylor St	
safety deposit be Name of Bank,	Depository, etc.  Amarillo National Bank  410 S. Taylor St  Amarillo  Amarillo  CITY  STATE	11 11
safety deposit be Name of Bank, Mailing Address	Depository, etc.  Amarillo National Bank  410 S. Taylor St  Amarillo  Amarillo  CITY  STATE	ZIP CODE
safety deposit be Name of Bank, Mailing Address	Depository, etc.  Amarillo National Bank  Amarillo S. Taylor St  Amarillo  CITY  STATE  Depository, etc.	ZIP CODE
safety deposit be Name of Bank, Mailing Address	Depository, etc.  Amarillo National Bank  Amarillo S. Taylor St  Amarillo  CITY  STATE  Depository, etc.	ZIP CODE
safety deposit be Name of Bank, Mailing Address	Depository, etc.  Amarillo National Bank  Amarillo S. Taylor St  Amarillo  CITY  STATE  Depository, etc.	ZIP CODE

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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5(q)	or(h). <b>Joint Fundraisin</b>	q Participant:		
(0)	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Funda	aising Representative	e, or Leadership PAC Sponsor
	ZELDIN JACKSO	N VICTORY FUND		
		47 FLINTLOCK DR		
	Mailing Address	47 FLINICOCK DK		
		SHIRLEY	NY NY	11967
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	d Organization Affiliated Committee	Fundraising Representa	Leadership PAC Sponsor
8.	Designated Agent: Identify	y by name, address (phone number – optional)		
	Full Name			
	Tall Name			
	Mailing Address			
	Mailing Address	CITY A	STATE A	ZIP CODE A
		•	STATE A	ZIP CODE A
	Mailing Address  TITLE OR POSITION	Te	elephone Number	
9.	Mailing Address  TITLE OR POSITION	ries: List all banks or other depositories in which	elephone Number	
9.	Mailing Address  TITLE OR POSITION  Banks or Other Depositor	ries: List all banks or other depositories in which	elephone Number	
9.	Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or main that the same of Bank,	ries: List all banks or other depositories in which	elephone Number	
9.	Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or main safety deposit boxes or main safety depository, etc.	ries: List all banks or other depositories in which	elephone Number	
9.	Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or main safety deposit boxes or main safety depository, etc.	ries: List all banks or other depositories in which	elephone Number	

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_ **of** \_\_\_\_

5(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	C
2. [			FEC ID number	C
3.			FEC ID number	C
4.			FEC ID number	C
	of Any Connected O	rganization, Affiliated Committee, Joint Fundrais	sing Representative	e, or Leadership PAC Sponsor
M	lailing Address	PO BOX 9891		
		Arlington	VA	22219
R	lelationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected (	Organization Affiliated Committee X Joint Fu	undraising Representa	ative Leadership PAC Sponsor
8. <b>Design</b>	ated Agent: Identify b	by name, address (phone number – optional)		
	ated Agent: Identify to	oy name, address (phone number – optional)		
Full		oy name, address (phone number – optional)		
Full	Name	oy name, address (phone number – optional)		
Full	Name	oy name, address (phone number – optional)		
Full Mai	Name	CITY A	STATE A	ZIP CODE A
Full Mai	Name	CITY A	STATE A	
Full Mai	Name	CITY   CITY   Teleposes: List all banks or other depositories in which the	phone Number	ZIP CODE A
9. Banks safety of Deposit	Name	CITY   CITY   Teleposes: List all banks or other depositories in which the	phone Number	ZIP CODE A
9. Banks safety of Deposit	Name	CITY   CITY   Teleposes: List all banks or other depositories in which the	phone Number	ZIP CODE 🛦

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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2.					
			FEC ID no	umber	С
			FEC ID no	umber	C
3.			FEC ID no	umber	C
4.			FEC ID no	umber	С
	Organization, Affiliat	ed Committee, Joint Fun	draising Repres	sentative	, or Leadership PAC Spon
TDOCX					
Mailing Address	PO BOX 30844				
	Bethesda			MD	20824
Relationship:		CITY A	S	TATE 🛦	ZIP CODE ▲
Connected	d Organization Af	filiated Committee X Jo	int Fundraising Re	epresenta	tive Leadership PAC S
esignated Agent: Identify	/ by name, address (p	phone number - optional)			
Full Name					
Mailing Address					
	1			<sub>1</sub>	
TITLE OR POSITION	_	CITY A	STA	TE A	ZIP CODE ▲
THEE OIL FORMOR			Telephone Numl	oer	
afety deposit boxes or ma		other depositories in which	ch the committee	deposits	s funds, holds accounts, ren
afety deposit boxes or magame of Bank, epository, etc.		other depositories in which	ch the committee	deposits	s funds, holds accounts, ren
afety deposit boxes or ma		other depositories in which	ch the committee	deposits	s funds, holds accounts, ren
afety deposit boxes or ma		other depositories in which	ch the committee	deposits	s funds, holds accounts, ren