Only

STATEMENT OF

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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. Kevin Jones for Congress 9604 Lormar Ln ADDRESS (number and street) (Check if address is changed) Clinton 20735 MD CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS kevin.d.jones.jr@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) https://www.kevinjones2020.com (Check if address is changed) DATE 2019 C00716746 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. Jones, Darryl, Kevin, , Jr Type or Print Name of Treasurer Jones, Darryl, Kevin, , Jr [Electronically Filed] 80 2019 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

FEC Fo	rm 1 (Revised 02/2009)	Page 2
TYPE OF C		
	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. (Com information below.)	plete the candidate
Name of Candidate	Jones, Darryl, Kevin, , Jr	
Candidate Party Affiliation	on DEM Office Sought: X House Senate President	State
raity Annau	Sought. Prouse Senate President	District 05
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Con		
(d)		(Democratic, Republican, etc.) Party.
Political A	ction Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected 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 se committee. (i.e., nonconnected committee)	gregated 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 Fund	raising 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.	o 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.	o or more political
Com	mittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

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Write or Type Committee Na		·
Kevin Jones for	or Congress	
	d Organization, Affiliated Committee, Joint Fundraising Representativ	ve, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee Joint Fundraising Represer	ntative Leadership PAC Sponsor
. Custodian of Records: I books and records.	dentify by name, address (phone number optional) and position of the	person in possession of committee
Jones,	Darryl, Kevin, , Jr	
Mailing Address	9604 Lormar Ln	
	Clinton	20735
Title or Position	CITY STATE	ZIP CODE
	Telephone number	202 297 - 7041
8. Treasurer: List the name any designated agent (e.ç	and address (phone number optional) of the treasurer of the committeg., assistant treasurer).	ee; and the name and address of
Full Name Jones, of Treasurer	Darryl, Kevin, , Jr	
Mailing Address	9604 Lormar Ln	
	Clinton	20735
Title or Position	CITY STATE	ZIP CODE
	Telephone number	202 297 7041

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Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
Name of Bank, Deposit		
safety deposit boxes or Name of Bank, Deposit We Mailing Address	r maintains funds.	
Name of Bank, Deposit	r maintains funds. itory, etc. PIIS Fargo 16000 CRAIN HWY	
Name of Bank, Deposit	r maintains funds. itory, etc. ells Fargo	
Name of Bank, Deposit	r maintains funds. itory, etc. PIIS Fargo 16000 CRAIN HWY	
Name of Bank, Deposit	r maintains funds. itory, etc. PIIS Fargo 16000 CRAIN HWY BRANDYWINE MD 206	613
Name of Bank, Deposit We Mailing Address	r maintains funds. itory, etc. PIIS Fargo 16000 CRAIN HWY BRANDYWINE MD 206	613
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Name of Bank, Deposit We Mailing Address	r maintains funds. itory, etc. PIIS Fargo 16000 CRAIN HWY BRANDYWINE MD 206	613