Image# 202207229525036780

Only

PAGE 1 / 6

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. Kermit Jones for Congress PO Box 713 ADDRESS (number and street) (Check if address is changed) Roseville 95661 CA CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS jones@mbacg.com (Check if address is changed) Optional Second E-Mail Address |Idecot@mbacg.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.kermitjonesforcongress.com (Check if address is changed) DATE 2022 C00786087 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. Koob, Christopher, , , Type or Print Name of Treasurer Koob, Christopher,,, [Electronically Filed] 07 2022 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

| E | EC Form 1 (Revised 03/2022)   | Page 2                |
|---|---|-----------------------|
|   | 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 information below.)   | candidate             |
|   | Name of Candidate Jones, Kermit, , ,  |                       |
|   | Candidate Party Affiliation  DEM  Office Sought:  House  Senate  President  | State CA  District 03 |
|   | (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.   | 00                    |
|   | Name of Candidate   |                       |
|   | Party Committee:  |                       |
|   | (d) This committee is a (National, State or subordinate) committee of the Republican, e   | 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 Org   | ganization            |
|   | Membership Organization Trade Association Cooperation   | ve                    |
|   | 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 committee. (i.e., nonconnected committee)   | 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.)  |                       |
|   | (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 committees/organizations, at least one of which is an authorized committee of a federal candidate. | more political        |
|   | (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.         | more political        |
|   | Committees Participating in Joint Fundraiser  |                       |
|   | 1. C  |                       |
|   |   |                       |

|    | FEC Form 1          | (Revised 02/2009)   | Page <b>3</b>         |
|----|---------------------|---|-----------------------|
| W  | rite or Type Comm   | ittee Name  |                       |
|    | Kermit Jo           | ones for Congress   |                       |
| 6. | -                   | nnected Organization, Affiliated Committee, Joint Fundraising Representative, or Lead<br>andidates Victory Fund         | lership PAC Sponsor   |
|    |                     |   |                       |
|    | Mailing Address     | 777 S. Figueroa St.   |                       |
|    |                     | Los Angeles CA 900  | 17                    |
|    |                     | CITY ▲ STATE ▲  | ZIP CODE ▲            |
|    | Relationship:       | Connected Organization Affiliated Organization Joint Fundraising Representative   | Leadership PAC Sponso |
| 7. | Custodian of Rec    | cords: Identify by name, address (phone number optional) and position of the person in poss s.                          | ession of committee   |
|    |                     | Koob, Christopher, , ,  |                       |
|    | Full Name           |   |                       |
|    | Mailing Address     | 611 Pennsylvania Avenue SE  |                       |
|    |                     | Suite 143   |                       |
|    |                     | Washington DC 2000  | )3                    |
|    |                     | CITY ▲ STATE ▲  | ZIP CODE ▲            |
|    | Title or Position ▼ | •   |                       |
|    | Treasurer           | Telephone number  |                       |
| 3. |                     | e name and address (phone number optional) of the treasurer of the committee; and the gent (e.g., assistant treasurer). | name and address of   |
|    | Full Name           | Koob, Christopher, , ,  |                       |
|    | of Treasurer        |   |                       |
|    | Mailing Address     | 611 Pennsylvania Avenue SE  |                       |
|    |                     | Suite 143   |                       |
|    |                     | Washington DC 2000  | )3                    |
|    |                     | CITY ▲ STATE ▲  | ZIP CODE ▲            |
|    | Title or Position ▼ | ,   |                       |
|    | Treasurer           | Telephone number  |                       |

|            | FEC Form 1                          | (Revised 02/2009)   | Page <b>4</b>                        |
|------------|-------------------------------------|---|--------------------------------------|
| [          | Full Name of<br>Designated<br>Agent | Lee, Lauren, Decot, ,   |                                      |
| ľ          | Mailing Address                     | 611 Pennsylvania Avenue   |                                      |
|            |                                     | Suite 143   |                                      |
|            |                                     | Washington  | OC                                   |
|            |                                     |   | TE ▲ ZIP CODE ▲                      |
| ٦          | Title or Position                   |   |                                      |
|            | Assistant Treasu                    | er Telephone number   |                                      |
| . <b>E</b> | Banks or Other safety deposit box   | Depositories: List all banks or other depositories in which the committee de<br>xes or maintains funds. | eposits funds, holds accounts, rents |
| ١          | Name of Bank, D                     | epository, etc.   |                                      |
|            |                                     | Amalgamated Bank  |                                      |
| N          | Mailing Address                     | 1825 K Street NW  |                                      |
|            |                                     |   |                                      |
|            |                                     | Washington  | OC 20006                             |
|            |                                     | CITY ▲ STAT   | TE ▲ ZIP CODE ▲                      |
| -<br>N     | Name of Bank, D                     | epository, etc.   |                                      |
|            |                                     |   |                                      |
| N          | Mailing Address                     |   |                                      |
|            |                                     |   |                                      |
|            |                                     |   |                                      |
|            |                                     | CITY ▲ STA  | TE ▲ ZIP CODE ▲                      |

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

FEC Form 1S (Revised 02/2017)

Page \_5 **of** 6\_\_\_

| _    |   |   |                         |                                  |
|------|---|---|-------------------------|----------------------------------|
| 5(a) | or(h). <b>Joint Fundraisin</b>  | n Participant:  |                         |                                  |
| O(9) | 1.  | ,   | FEC ID number           | C                                |
|      | 2.  |   | FEC ID number           | C                                |
|      |   |   | FEC ID number           | С                                |
|      | 3   |   | FEC ID number           |                                  |
|      | 4.  |   | T ZO 15 Hambor          | <u> </u>                         |
| 6.   | Name of Any Connected C   | Organization, Affiliated Committee, Joint Fund                    | draising Representation | ve, or Leadership PAC Sponsor    |
|      |   |   |                         |                                  |
|      | Mailing Address   | 1346 The Alameda #7-380   |                         |                                  |
|      |   |   |                         |                                  |
|      |   | San Jose  | CA                      | 95126                            |
|      | Relationship:   | CITY A  | STATE A                 | ZIP CODE ▲                       |
|      | Connected   | Organization Affiliated Committee X Joi                           | nt Fundraising Represen | tative Leadership PAC Sponsor    |
| 8.   | Designated Agent: Identify  Full Name   | by name, address (phone number - optional)                        |                         |                                  |
|      |   | 1   |                         |                                  |
|      | Mailing Address   |   |                         |                                  |
|      |   |   |                         |                                  |
|      |   |   |                         |                                  |
|      | TITLE OR POSITION   | ▼ CITY ▲  | STATE ▲                 | ZIP CODE ▲                       |
|      |   |   | Telephone Number        |                                  |
| 9.   | Banks or Other Depositor safety deposit boxes or matching Name of Bank, Depository, etc.  Mailing Address | ies: List all banks or other depositories in which intains funds. | n the committee depos   | its funds, holds accounts, rents |
|      | ivialling Address   |   |                         |                                  |
|      |   |   |                         |                                  |
|      |   |   |                         |                                  |
|      |   | CITY ▲  | STATE ▲                 | ZIP CODE ▲                       |

FEC Form 1S (Revised 02/2017)

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

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

| Connected Organization Affiliated Committee Joint Fundraising Representative Leadership  Designated Agent: Identify by name, address (phone number – optional)  Full Name Mailing Address  | (h). Joint Fundraisi   | ng Participant:   |                            |                            |
|--|--|---|----------------------------|----------------------------|
| 3.   | 1.   |   | FEC ID number              | C                          |
| Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PA Kermit Jones Victory Fund  Mailing Address  Suite 143  Washington  PC 20003  Relationship:  CITY A STATE A ZIP CO  Mailing Address  Pesignated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address   | 2.   |   | FEC ID number              | С                          |
| Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PA  Kermit Jones Victory Fund  Mailing Address  611 Pennsylvania Avenue SE  Suite 143  Washington  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership  Designated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address | 3  |   | FEC ID number              | С                          |
| Mailing Address  611 Pennsylvania Avenue SE  Suite 143  Washington  Relationship:  CITY A  STATE A  ZIP CO  Designated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  CITY A  STATE A  ZIP COD  | 4  |   | FEC ID number              | С                          |
| Mailing Address  611 Pennsylvania Avenue SE  Suite 143  Washington  Relationship:  CITY A  STATE A  ZIP CO  Designated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  CITY A  STATE A  ZIP COD  |  |   |                            |                            |
| Mailing Address    G11 Pennsylvania Avenue SE  |  |   | ndraising Representativ    | e, or Leadership PAC Spons |
| Suite 143  Washington  Pelationship:  CITY A  STATE A  ZIP CO  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership  Leadership  Full Name  Mailing Address  CITY A  STATE A  ZIP COD  | Kermit Jones Vic   | tory Fund   |                            |                            |
| Suite 143  Washington  Relationship:  CITY A  STATE A  ZIP CO  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership  Leadership  Full Name  Mailing Address  CITY A  STATE A  ZIP COD  |  |   |                            |                            |
| Relationship:  CITY A  STATE A  ZIP CO  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership  Leadership  Full Name  Mailing Address  CITY A  STATE A  ZIP COD   | Mailing Address  | 611 Pennsylvania Avenue SE  |                            |                            |
| Relationship:  CITY A  STATE A  ZIP CO  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership  Designated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  CITY A  STATE A  ZIP COD  |  | Suite 143   |                            |                            |
| Connected Organization Affiliated Committee Joint Fundraising Representative Leadership  Designated Agent: Identify by name, address (phone number – optional)  Full Name  |  | Washington  | DC                         | 20003                      |
| Designated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  CITY A STATE A ZIP COD  | Relationshin:  | CITY A  | STATE ▲                    | ZIP CODE ▲                 |
| Mailing Address  CITY A STATE A ZIP COD  |  | d Organization Affiliated Committee   | oint Fundraising Represent | ative Leadership PAC Spo   |
| CITY A STATE A ZIP COD   | Connecte   |   | oint Fundraising Represent | Leadership PAC Spo         |
| TITLE OR POSITION ▼  CITY ▲  STATE ▲  ZIP COD  | Connecte  Designated Agent: Identif  |   | oint Fundraising Represent | Leadership PAC Spo         |
| TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP COD   | Connecte  Designated Agent: Identif  |   | oint Fundraising Represent | Leadership PAC Spo         |
| TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP COD   | Connecte  Designated Agent: Identif  |   | oint Fundraising Represent | Leadership PAC Spo         |
|  | Connecte  Designated Agent: Identif  |   | oint Fundraising Represent | Leadership PAC Spo         |
|  | Connecte  Designated Agent: Identification  Full Name  Mailing Address   | fy by name, address (phone number – optional)   |                            | Leadership PAC Spo         |
|  | Connecte  Designated Agent: Identification  Full Name  Mailing Address   | fy by name, address (phone number – optional)   | STATE A                    |                            |
|  | ed Agent: Identification of the control of the cont | fy by name, address (phone number – optional)  CITY   | STATE A Telephone Number   | ZIP CODE A                 |
| rafety deposit boxes or maintains funds.   | Connected  Designated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor   | fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which | STATE A Telephone Number   | ZIP CODE A                 |
| Name of Bank,  | Connected  Designated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposited afety deposit boxes or make the state of Bank,  | fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which | STATE A Telephone Number   | ZIP CODE A                 |
| Name of Bank,  | Connected  Designated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite to the safety deposit boxes or make the safety deposit boxes or make the safety depository, etc.   | fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which | STATE A Telephone Number   | ZIP CODE A                 |
| Safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.  Mailing Address  | Connected  Designated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite to the safety deposit boxes or make the safety deposit boxes or make the safety depository, etc.   | fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which | STATE A Telephone Number   | ZIP CODE A                 |
| Name of Bank, Depository, etc.   | Connected  Designated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite to the safety deposit boxes or make the safety deposit boxes or make the safety depository, etc.   | fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which | STATE A Telephone Number   | ZIP CODE A                 |