

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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FEC MAIL CENTER
2008 JAN -7 AM 9:31

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

Jon Adams for Congress

ADDRESS (number and street)

1874 Plaza Del Sur #1186



(Check if address
is changed)

Santa Fe

NM

87505

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

adamsforcongress@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.jonadamsforcongress.com

COMMITTEE'S FAX NUMBER

505-323-2745

2. DATE

12 / 27 / 2007

3. FEC IDENTIFICATION NUMBER ▶

C00437301

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

Jon Adams

Signature of Treasurer

Date

12 / 27 / 2007

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
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Only

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

FEC FORM 1
(Revised 02/2003)

28039581829

5. TYPE OF COMMITTEE (Check One)

- (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 Jon Adams

Candidate Party Affiliation DEM Office Sought: House Senate President State NM District 03

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address _____

 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

28039581830

Write or Type Committee Name

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 Jon Adams

Mailing Address 1874 Plaza Del Sur #1186

[Empty address line]

Santa Fe NM 87505

Title or Position CITY STATE ZIP CODE

Telephone number 505-850-4098

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 Jon Adams

Mailing Address 1874 Plaza Del Sur #1186

[Empty address line]

Santa Fe NM 87505

Title or Position CITY STATE ZIP CODE

Telephone number 505-850-4098

Full Name of Designated Agent

Mailing Address

[Empty address line]

[Empty address line]

Title or Position CITY STATE ZIP CODE

Telephone number

28039581831

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.

New Mexico Bank + Trust

Mailing Address

9500 Montgomery Blvd NE

Albuquerque

NM

87111

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked
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USPS Priority Mail Postmarked
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Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked



PREPARER

(3/2005)

1/7/08
DATE PREPARED

28039581833