

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

JONATHAN LOCKWOOD FOR CONGRESS

ADDRESS (number and street)

2421 S SANTIAM HWY

☐ (Check if address is changed)

LEBANON

CITY ▲

OR

STATE ▲

97355

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

JONATHANLOCKWOOD@PROTONMAIL.CH

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

LOCKWOODFOROREGON.COM

2. DATE

M M / D D / Y Y Y Y
10 / 27 / 2025

3. FEC IDENTIFICATION NUMBER ►

C C00924647

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 ZINSERLING, KYLE, , ,

Signature of Treasurer ZINSERLING, KYLE, , ,

Date

M M / D D / Y Y Y Y
10 / 27 / 2025

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
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

C

Write or Type Committee Name

JONATHAN LOCKWOOD FOR CONGRESS**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

NONE

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: ☐ Connected Organization ☐ Affiliated Organization ☐ 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 ZINSERLING, KYLE, , ,

Mailing Address 2421 S SANTIAM HWY

LEBANON

OR

97355

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

TREASURER

Telephone number

541

974

6619

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 ZINSERLING, KYLE, , ,

Mailing Address 2421 S SANTIAM HWY

LEBANON

OR

97355

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Telephone number

541

974

6619

Full Name of
Designated
Agent

LOCKWOOD, JONATHAN, , ,

Mailing Address

2421 S SANTIAM HWY

LEBANON

OR

97355

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Telephone number

541

451

0726

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.

WELLS FARGO

Mailing Address

2100 Pacific Blvd SE

ALBANY

OR

97321

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲