Image# 202007159249657932			_	PAGE 1/4
FEC FORM 1	STATEME ORGANIZ			
			0	ffice Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Jason Ross for	Congress			
ADDRESS (number and street)	2931 Ridge Road			
(Check if address	Suite 101, PMB 194			
is changed)	Rockwall		TX750	)32
			STATE	
COMMITTEE'S E-MAIL ADDI				
(Check if address is changed)	info@campaignfinanci	al.com		
<i>3</i> ,	Optional Second E-Mail Ad	dress		
	info@jasonrossforco	ongress.com		
<ul> <li>(Check if address is changed)</li> </ul>	jasonrossforcongress.com			
2. DATE 05	08 / Y Y Y Y 2020			
3. FEC IDENTIFICATION	NUMBER ► C C	00745794		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
certify that I have examined	I this Statement and to the best	of my knowledge and belief i	t is true, correct and	l complete.
	Roe Botov			
Type or Print Name of Treasu	ırer Roe, Betsy, , ,			
Signature of Treasurer	e, Betsy, , ,	[Electronically Filed]	Date 07	15 / Y Y Y Y Y 2020
NOTE: Submission of false, err	oneous, or incomplete information ANY CHANGE IN INFORMATI	may subject the person signing		penalties of 2 U.S.C. §437g
Office Use Only		For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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	TYPE	OF C	OMMITTEE
	Canc	lidate	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 candidate information below.)
	Name Candio		Ross, Jason, , ,
	Candio Party	date Affiliatio	on REP Office Sought: X House Senate President District 04
	(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
	Name Candio		
	Party	/ Com	mittee:
	(d)		This committee is a       (National, State or subordinate) committee of the       (Democratic, Republican, etc.) Party.
	Politi	ical A	ction Committee (PAC):
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
			Corporation V/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 segregated fund or party committee. (i.e., nonconnected committee)
			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 or more political 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
		Com	nittees Participating in Joint Fundraiser
		1.	
		2.	FEC ID number
		3.	FEC ID number
		4.	FEC ID number

FEC Form 1 (Revised 02/2009)

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Write or Type Committee Name

## Jason Ross for Congress

Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor 6.

N				
	Mailing Address			
		CITY	STATE	ZIP CODE
	Relationship: Connected	I Organization Affiliated Committee Joint F	undraising Representative	Leadership PAC Sponsor
7.	Custodian of Records: Ider books and records.	tify by name, address (phone number optional)	and position of the person in p	oossession of committee
	Campaign	Financial Services, , ,		
	Full Name			
	Mailing Address	PO Box 30844		
		Bethesda	MD 20824	
	Title or Position	CITY	STATE	ZIP CODE
	L Custodian of Records	1	301	654 3220

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).

301

Telephone number

654

Full Name of Treasurer	Roe, Betsy, , ,
Mailing Address	2931 Ridge Road
	Suite 101, PMB 194
	Rockwall         TX         75032         -         <
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number     641     230     0001

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FEC Form 1 (Revised 02/2009)

																							_
Full Name of Designated Agent				 																			
Mailing Address																							
					CI	TΥ								STA	ΛΤΕ			ZIF	D C	OD	Е		
Title or Position																							
									Tele	eph	one	e ni	umt	ber									

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 B	ank, Depo	ository, etc.
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Wells F	argo		
Mailing Address	8302 Woodmont Avenue		
	Bethesda	MD 208	14
	CITY	STATE	ZIP CODE
Name of Bank, Depository, e	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE