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FEC FORM 2

STATEMENT OF CANDIDACY

| 1. | (a) Name of Candidate (in full) | | | | | | |
|----|--|---------------------------|-----------------|-----------------------|--|-----------------------------|--|
| | Arnold-Jones, Janice, E, , | | | | | | |
| | (b) Address (number and street) 7713 Sierra Azul Ave NE | | | ed | 2. Candidate's FEC Identification Number H8NM01372 | | |
| | (c) City, State, and ZIP Code | | | | | ew Amended | |
| | Albuquerque | | NM 87 | 110 | Statement X (N | N) OR (A) | |
| 4. | Party Affiliation | 5. Office Sought | | 6. State & Distr | rict of Candidate | | |
| | REPUBLICAN PARTY | House | | NM | 01 | | |
| | DE | SIGNATION OF | PRINCIPA | AL CAMPAIGN | N COMMITTEE | | |
| 7. | 7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 (year of election) | | | | | | |
| | NOTE: This designation should be f | iled with the appropriate | e office listed | n the instructions. | | | |
| | (a) Name of Committee (in full) | | | | | | |
| | Janice Arnold-Jones | s for Congress | 2018 | | | | |
| | (b) Address (number and street) PO Box 14375 | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | |
| | Albuquerque | | | NM | 87110 | | |
| 8. | I hereby authorize the following name candidacy. NOTE: This designation should be f | | | | nmittee, to receive and ex | spend funds on behalf of my | |
| | (a) Name of Committee (in full) | | | | | | |
| | (a) Name of Committee (in full) | | | | | | |
| | (b) Address (number and street) | | | | | | |
| | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | |
| | | | | | | | |
| | I certify that I have exa | mined this Statement a | nd to the best | of my knowledge a | and belief it is true, correct | t and complete. | |
| Si | gnature of Candidate | | | | Date | | |
| | rnold-Jones, Janice, E, , | | | | 06/17/2017 | | |
| | | | [E | lectronically Filed] | 00/17/2017 | | |
| N/ | | or incomplete informat | ion may subje | ot the person signin | ng this Statement to none | | |
| | OTE: Submission of false, erroneous, | or incomplete informat | ion may subje | ct the person signin | ig this Statement to pena | Ities of 2 U.S.C. §437g. | |
| | OTE: Submission of false, erroneous, | or incomplete informati | lon may subje | ct the person signifi | ig this Statement to pena | Ities of 2 U.S.C. §437g. | |
| | OTE: Submission of false, erroneous, | of incomplete informati | lorr may subje | ot the person signifi | ig this statement to pena | Ities of 2 U.S.C. §437g. | |

FEC FORM 2 (REV. 02/2009)