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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 × COMMITTEE (in full) over the lines. is changed) Committee to Elect Denny C. Jackson for President 10867 US Hwy 421 N. ADDRESS (number and street) (Check if address is changed) Milton 40045 KY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS djackson@switzsc.org (Check if address is changed) Optional Second E-Mail Address |dejackso@iglou.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2015 C00597047 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. Denny Carroll Jackson Type or Print Name of Treasurer Denny Carroll Jackson [Electronically Filed] 17 2015 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
TYP	E OF C	OMMITTEE	<u>-</u>
Car		e 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. (Corinformation below.)	nplete the candidate
Nam Can	ne of didate	Denny Carroll Jackson	
	didate y Affiliati	on DEM Office Sought: House Senate X President	State
	,		District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Can	ne of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)	П	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a
		Corporation Corporation w/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 s committee. (i.e., nonconnected committee)	egregated 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.)	
Join	nt Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to 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 t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.		
	2.		
	3.		
	4.	FEC ID number C	

	FEO F 4 (D	oviced 02/2000)	Dama 2
	FEC Form 1 (Re		Page 3
		to Elect Denny C. Jackson for President	
6.		ected Organization, Affiliated Committee, Joint Fundraising Representative, or Le	eadership PAC Sponsor
	ONE	J,	
L			
	Mailing Address		
		CITY STATE	ZIP CODE
	Relationship: Co	nnected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
' .	Custodian of Record books and records.	ds: Identify by name, address (phone number optional) and position of the person	in possession of committee
	Full Name	nny Carroll Jackson	1
	Mailing Address	18867 US Hwy 421 N.	
	Mailing Address		
		Milton KY 40	0045
	Title or Position	CITY STATE	ZIP CODE
	Treasuer	Telephone number 812	3920
3.		ame and address (phone number optional) of the treasurer of the committee; and (e.g., assistant treasurer).	the name and address of
		nny Carroll Jackson	1
	of Treasurer	18867 US Hwy 421 N.	
	Mailing Address	1.5007 50 11117 12 111.	
		Milan	2045
		Milton KY 40 CITY STATE	2045 ZIP CODE
	Title or Position Treasuer	STATE	- 216 - 3920

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Full Name of Designated Agent		, , , , , , , , , , , , , , , , , , ,
Mailing Address		
maining Address		
	CITY STATE	ZIP CODE
Title or Position		1 1
	Telephone number	
safety deposit be Name of Bank,	Depositories: List all banks or other depositories in which the committee deposits funds, holds exes or maintains funds. Depository, etc.	s decounts, rents
safety deposit be	oxes or maintains funds.	
safety deposit be Name of Bank,	Main Source Bank 1315 Clifty Dr. Madison IN 47250	ZIP CODE
safety deposit be Name of Bank,	Main Source Bank 1315 Clifty Dr. Madison CITY STATE	
safety deposit be Name of Bank, Mailing Address	Main Source Bank 1315 Clifty Dr. Madison CITY STATE	
safety deposit be Name of Bank, Mailing Address	Main Source Bank 1315 Clifty Dr. Madison CITY STATE	
Name of Bank, Mailing Address Name of Bank,	Main Source Bank 1315 Clifty Dr. Madison CITY STATE	
Name of Bank, Mailing Address Name of Bank,	Main Source Bank 1315 Clifty Dr. Madison CITY STATE	