

FEC
FORM 1

STATEMENT OF ORGANIZATION

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Office Use Only

1. NAME OF
COMMITTEE (in full)

☐

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

Scott for Rhode Island

ADDRESS (number and street)

775 Mineral Spring Avenue

☐

(Check if address
is changed)

Pawtucket

RI

02860

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

info@jonscottforcongress.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

jonscottforcongress.com

COMMITTEE'S FAX NUMBER

2. DATE

07 / 21 / 2006

3. FEC IDENTIFICATION NUMBER ►

C

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

Jay F. Jacot

Signature of Treasurer

JF Jacot

Date

07 / 21 / 2006

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
Use
Only

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

FEC FORM 1
(Revised 02/2003)

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 Jonathan Scott

Candidate
Party Affiliation

R E P

Office
Sought:

☒

House

☐

Senate

☐

President

State

RI

District

01

- (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

Write or Type Committee Name

Scott for Rhode Island

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 _____

Mailing Address _____

_____ - _____

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer _____ Telephone number _____ - _____ - _____

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 Jay F. Jacot _____

Mailing Address 775 Mineral Spring Ave. _____

Pawtucket RI 02860 _____ - _____

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Campaign Treasurer 401 849 7912 _____ Telephone number _____ - _____ - _____

Full Name of Designated Agent Elizabeth M. Scott _____

Mailing Address 775 Mineral Spring Avenue _____

Pawtucket RI 02860 _____ - _____

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Asst. Treasurer 401 648 1663 _____ Telephone number _____ - _____ - _____

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.

Sovereign Bank

Mailing Address

380 Smithfield Avenue

Mail code RI1-CB0-0459

Pawtucket

RI

02860

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission
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☐ Other (Specify):	Date of Receipt or Postmarked
 PREPARER	7/31/06 DATE PREPARED

(3/2005)