Committee Name:				
Jews .	For	Cruz	PAC	,
If registered, Fi	EC ID:			
Today's Date:				
05/26/2	1015		·	

Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463

Re: Form 1, Statement of Organization—Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Treasurer's Name:

Jonathon Brodo,

Treasurer, Treasurer, Treasurer

THOCK : TWY : TOTAL

FEC

RECEIVED FEC MAIL CENTER

FORM 1	ORGANIZ	ATION		JN -4 AM 9: 14 flice Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
Uleims, for, C	1, 1, 1, 1, 1, A, C, 1, 1			
ADDRESS (number and street)	[3,4,6, R0,5,e,n	na, r, j, La, n, e,	<u> </u>	
(Check if address is changed)				
	(N, a, C, b, e, C, t, h)		STATE A	9,0,7,3,- ZIP CODE ▲
COMMITTEE'S E-MAIL ADDR	ESS			
(Check if address is changed)	J., brodo1,	7,@,9,M,Q,i,1,.,C,°,M		
• .	Optional Second E-Mail Ad	ddress		
COMMITTEE'S WEB PAGE AI (Check if address is changed)				
2. DATE 0 5 2	6 2015			
3. FEC IDENTIFICATION N	NUMBER ►			
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined	this Statement and to the bes	st of my knowledge and belief it	is true, correct and	d complete.
Type or Print Name of Treasur	rer Jonathan C	progo		
Signature of Treasurer	Jan Or	<u></u>	Date D 5	26 2013
NOTE: Submission of false, erro		n may subject the person signing		penalties of 52 U.S.C. §30109.
Office Use		For further information of Federal Election Commission Toll Free 800-424-9530		FEC FORM 1 (Revised 06/2012)

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		m 1 (Revised 02/2009)	Page 2		
		OMMITTEE Committee:			
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)				
(p)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)			
	Name of Candidate				
	Candidate Office State Party Affiliation Sought: House Senate President District				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.			
Name o Candida					
Party	Com	mittee:			
(d)			Democratic, epublican, etc.) Party.		
Politic	al A	ction Committee (PAC):			
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ected organization is a:		
		Corporation Corporation w/o Capital Stock Labor Organization			
		7 7 7	Cooperative		
		In addition, this committee is a Lobbyist/Registrant PAC.			
(f)	Ø	This committee supports/opposes more than one Federal candidate, and is NOT a separate seg committee. (i.e., nonconnected committee)	regated 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.)				
Joint Fundraising Representative:					
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political		
(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.			
	Committees Participating in Joint Fundraiser				
	1.	FEC ID number C			
	2.	FEC ID number	- C - C - C - C - C		
	3.	FEC ID number C			
	4.				

V	Vrite or Type Committee N	ame		·	
6.	Name of Any Connecte	ed Organization, Affiliated Committee, Joint	Fundralsing Represents	ative, or Leadership PAC Sponsor	
	1002 HOM	Pirleisi; Idleiniti I I I I I I			
L					
	Mailing Address	[P], O] · B O X 2 5 3 7	b		
	•				
		HONSHON IIIII	<u> </u>	<1 17.8.6.51-L	
		CITY	STA	TE ZIP CODE	
	Relationship: Conne	ected Organization Affiliated Committee	Joint Fundraising Repre	sentative Leadership PAC Sponsor	
7.	Custodian of Records: books and records.	Identify by name, address (phone number o	optional) and position of	the person in possession of committee	
	Full Name				
	Mailing Address		<u> </u>		
	Title or Position	CITY	STATI	E ZIP CODE	
	Treasoure	<u>.C</u>	Telephone number	<u>.</u>	
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 $\overline{\bigcup_1 0_1}$	n,a,+,h,a,n, ,l,0,5,5, ,B,r,0,1	9.0		
	Mailing Address	13,46, 120,5,ema, (1/1)	<u>c.n.e </u>		
			·		
		WIGITIDIEIGITIDI CITY	STATE	1 4 0 7 2 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
ı	Title or Position Frontinder[/	₁ C ₁ E ₁ O ₁	Telephone number	12,1,5,-18,0,5,-10,4,0,8	

	•	•	
FEC Form 1 (Revise	d 02/2009)		Page 4
Full Name of			
Designated Agent		1 1 1 1 1 1 1 1 1 1	
Mailing Address			
	CITY	STATE	ZIP ÇODE
Title or Position			•
	Te	elephone number	
Banks or Other Depositors safety deposit boxes or mai Name of Bank, Depository,		the committee deposits funds	, holds accounts, rents
[C, h, a]	5, e, B, a, n, K		
Mailing Address	[P.O. BOX, 1659,7,54]	, 	
	San Antonio		181216151-[111111
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE

han Brodo Rosemary Lane th, PA 19072 RECEIVED FEC MAIL CENTER 2015 JUN -4 AM 9: 11

Election Commission Federal

999 E. Street NW Washington, D.C. 20463

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No Postmark	
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Received from House Records & Registration	Date of Receipt n Office
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
	6/4/15
PREPARER (3/2015)	DATE PREPARED