## STATEMENT OF

PAGE 1 / 4

**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Jennifer Garrison for Congress 427 5th St ADDRESS (number and street) (Check if address is changed) Marietta 45750-2012 ОН CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS russ@garrison1.net (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) http://www.jennifergarrison.com (Check if address is changed) DATE 01 2014 C00547166 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. Russell Garrison Type or Print Name of Treasurer Russell Garrison [Electronically Filed] 03 2014 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 <b>F</b>	orm 1 (Revised 02/2009)	Page <b>2</b>	
	COMMITTEE		
Candida	te Committee:		
(a) X	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. (Con information below.)	nplete the candidate	
Name of Candidate	Jennifer D Garrison		
Candidate Party Affilia	tion DEM Office Sought: X House Senate President	State OH District 06	
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.		
Name of Candidate			
Party Co	mmittee:		
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.	
Political	Action Committee (PAC):		
(e)	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 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 Fur	draising Representative:		
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 to committees/organizations, none of which is an authorized committee of a federal candidate.		
Col	mmittees Participating in Joint Fundraiser		
1.	FEC ID number		
2.	FEC ID number		
3.	FEC ID number		
1	I		

FEC Form 1 (Revised 0	2/2009)	Page <b>3</b>
Write or Type Committee Name		<u> </u>
Jennifer Garriso	n for Congress	
	ganization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor
Mailing Address		
Walling Address		
		1
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representa	tive Leadership PAC Sponso
Custodian of Records: Identi books and records.	fy by name, address (phone number optional) and position of the pe	erson in possession of committee
Russell Ga	rison	
Mailing Address	427 5th St	
j in in	427 5th St	
	Marietta OH	45750
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	40   -   350   -   1593
B. <b>Treasurer:</b> List the name and any designated agent (e.g., as	address (phone number optional) of the treasurer of the committee; sistant treasurer).	and the name and address of
Full Name Russell Gar of Treasurer	rison	
Mailing Address	427 5th St	
	Marietta OH	45750
Title or Position	CITY STATE	ZIP CODE

	m 1 (Revised 02/2009)	Page <b>4</b>
Full Name of Designated	Charlie Hale	
Agent	PO Box 5011	
Mailing Address		
	Marietta OH 45 CITY STATE	7750 ZIP CODE
Title or Position	CITI	ZII CODE
Manager	Telephone number	_ 220 1379
<ul> <li>Banks or Other safety deposit both</li> </ul>	r Depositories: List all banks or other depositories in which the committee deposits funds loxes or maintains funds.	, holds accounts, rents
Name of Bank, [	Depository, etc.	
	Huntington Bank	
Mailing Address	226 3rd St	
	Marietta OH 45	5750 
	Marietta OH 45	7550 -   -     -
Name of Bank, [	CITY STATE	
Name of Bank, [	CITY STATE	
Name of Bank, [	CITY STATE	
Name of Bank, I	CITY STATE  Depository, etc.	
	CITY STATE  Depository, etc.	
	CITY STATE  Depository, etc.	