

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

Office Use Only 8-04

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12 FEB 15

2013 AUG 20 AM 8:04

FEC MAIL CENTER

JENNIFER GARRISON FOR CONGRESS

ADDRESS (number and street)

427 5TH ST

(Check if address is changed)

MARIETTA

CITY

OH

STATE

45750-2012

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

RUSSE@GARRISONI.NET

Optional Second E-Mail Address

CHARLIE@JENNIFERGARRISON.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

JENNIFERGARRISON.COM

2. DATE

07 12 2013

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

RUSSELL GARRISON

Signature of Treasurer

Russell Garrison

Date

8/14/13

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 06/2012)

13031111480

Write or Type Committee Name

JENNIFER GARRISON FOR CONGRESS

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

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

TREASURER

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

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

RUSSELL GARRISON

Mailing Address

427 5TH ST

MARIETTA

CITY

GA

30150

Title or Position

TREASURER

Telephone number

770-350-1593

1303111482

Full Name of Designated Agent

CHARLIE AALE

Mailing Address

PO BOX 5011

MARIETTA

CITY

OH

STATE

45750-

ZIP CODE

Title or Position

MANAGER

Telephone number

276-220-1379

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.

ADVANTAGE BANK

Mailing Address

226 3RD ST

MARIETTA

CITY

OH

STATE

45750-

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

1303111483

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked
8/15/13

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked

USPS Priority Mail Express Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

 8/20/13
 PREPARER DATE PREPARED

13031111484