FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. FIGHT RIGHT INC 2241 N MONROE ST NUM 1323 ADDRESS (number and street) (Check if address is changed) **TALLAHASSEE** 32303 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address KAYLEN@CROSBYOTT.COM is changed) Optional Second E-Mail Address CRAIG@CROSBYOTT.COM COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2023 C00857011 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. Type or Print Name of Treasurer MELTON, KAYLEN, , MELTON, KAYLEN, , , Date 11 16 2023 Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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

Local 202-694-1100

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	TYPE OF COMMITTEE:						
	Candidate 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. (Complete the information below.)	he candidate					
	Name of Candidate						
	Candidate Party Affiliation Office Sought: House Senate President	State District					
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.						
	Name of Candidate						
	arty Committee:						
	(d) This committee is a (National, State (Democrati	ic, n, etc.) Party					
	Political Action Committee (PAC):						
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	ed organization is a:					
		Organization					
	Membership Organization Trade Association Cooper	ative					
	In addition, this committee is a Lobbyist/Registrant PAC.						
	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.)						
	(g) X This committee is an independent expenditure-only political committee (Super PAC).						
	In addition, this committee is a Lobbyist/Registrant PAC.						
	This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).						
	In addition, this committee is a Lobbyist/Registrant PAC.						
	Joint Fundraising Representative:						
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two	or more political					
	committees/organizations, at least one of which is an authorized committee of a federal candidate.						
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political					
	Committees Participating in Joint Fundraiser						
	1. C						

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٧	Write or Type Committee Name				
_	FIGHT RIGHT IN		Laint Fundaciona Bara		arabia BAO Carana
6.	NONE	rganization, Affiliated Committee	e, Joint Fundraising Repr	esentative, or Lead	ersnip PAC Sponsor
	Mailing Address				
		1			-
		CITY ▲		STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization	ation Joint Fundraising	g Representative	Leadership PAC Sponso
7 .	Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.				
		KAYLEN, , ,			
	Full Name	2244 N MONDOE ST NI IM 4222			
	Mailing Address	2241 N MONROE ST NUM 1323			
		TALLAHASSEE		FL 3230	3
		CITY ▲		STATE ▲	ZIP CODE ▲
	Title or Position ▼				
	TREASURER		Telephone nur	nber	
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 MELTON, KAYLEN, , ,				
	of Treasurer				
	Mailing Address	2241 N MONROE ST NUM 1323			
		TALLAHASSEE		FL 3230	3
		CITY ▲		STATE ▲	ZIP CODE ▲
	Title or Position ▼				
	TREASURER		Telephone nur	nber	

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Full Name of Designated Agent							
Mailing Address							
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲				
		Telephone number					
	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, Deposi	Name of Bank, Depository, etc.						
CHA	CHAIN BRIDGE BANK						
Mailing Address	1445-A LAUGHLIN AVENUE						
	MCLEAN	VA	22101				
	CITY ▲	STATE ▲	ZIP CODE ▲				
Name of Bank, Depository, etc.							
Mailing Address							
	CITY ▲	STATE ▲	ZIP CODE ▲				

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC' 5 'F9 DCF H Z G7 < 98 I @ 'CF' + H9 A = N5 H = CB

Form/Schedule: F1N Transaction ID:

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.

Form/Schedule: Transaction ID: