Only

STATEMENT OF

PAGE 1 / 4 =

FORM 1		OR	GANIZ	ZATIC	ON					Offic	e Use	Only			
NAME OF COMMITTEE (ir	n full)		eck if name hanged)		mple:If typ the lines.	ing, type	1	2FE4	4M5	Oilic	e Ose	Jilly			_
Parrott for C	ongres	S													
ADDRESS (number a	nd street)	20005 LIND	ENHURST CT												
(Check if a		1	1 1 1 1 1		1 1 1		1 1	1 1	1 1	ı	1 1	1 1	1 1	1 1	
is changed)		HAGERSTOWN CITY					L	MD 21742-97 STATE ▲				771			
COMMITTEE'S E-MA	AIL ADDRES	SS													
X ◀ (Check if a is changed		neil@neilpa	arrott.org												
Ū	•		cond E-Mail A		1 1 1										
COMMITTEE'S WEB (Check if a is changed)	address	PRESS (URL)													
2. DATE 1	M / D 17		21												
3. FEC IDENTIFIC	CATION NU	IMBER ▶	С	C0069193	1										
4. IS THIS STATEM	MENT	NEW (N) OR	×	AMEN	NDED (A)									
I certify that I have e	examined th	is Statement	and to the be	st of my l	knowledge	and belief	it is tr	ue, co	rrect a	and c	omple	ete.			
Type or Print Name	of Treasurer	Appel, Jam	es, P, Mr.,												
Signature of Treasure	er Appel	, James, P, Mr	.,				Date	е	M M M	′	09] ′ [202	24	Y
NOTE: Submission of	false, errone		olete informatio								enaltie	s of 52	2 U.S.C	C. §30	109.
Office Use						information etion Commis 0-424-9530		t:			EC (Revis		RM 1 /2012)		_

Local 202-694-1100

EC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate 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. (Complete information below.)	the candidate
Name of Candidate Parrott, Neil, C., Mr.,	
Candidate Party Affiliation REP Office Sought: House Senate President	State MD District 06
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the Republication	atic, an, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	cted organization is a:
Corporation Corporation w/o Capital Stock Labor	· Organization
	erative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	ated 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.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) 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:	
(i) 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.	o or more political
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.	o or more political
Committees Participating in Joint Fundraiser	
1	

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٧	Vrite or Type Committee Name		
	Parrott for Congr		
3.		ganization, Affiliated Committee, Joint Fundraising Representativ	re, or Leadership PAC Sponsor
	NONE		
	Mailing Address		
		CITY ▲ STATE 4	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Represe	ntative Leadership PAC Sponsor
7.	Custodian of Records: Identi books and records.	y by name, address (phone number optional) and position of the pers	son in possession of committee
	Parrott, Api	il, , Mrs.,	
	Full Name		
	Mailing Address	20005 Lindenhurst Ct	
		Hagerstown MD	21742
		CITY ▲ STATE 4	ZIP CODE ▲
	Title or Position ▼		
	Asst. Treasurer	Telephone number	240 - 235 - 6521
3.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committeessistant treasurer).	ee; and the name and address of
	Full Name Appel, Jam of Treasurer	es, P, Mr.,	I
	Mailing Address	626C Admiral Drive	
	ag / taa.coc	Suite 321	
		Annapolis	21401
		CITY ▲ STATE 4	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	202 - 510 - 7545

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Full Name of Designated Agent	Parrott, April, J, ,							
Mailing Address	20005 Lindenhurst Court							
	Hagerstown	MD L	21742					
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲					
Asst. Treasurer	1	none number						
	Depositories: List all banks or other depositories in which the xes or maintains funds.	committee deposits fund	s, holds accounts, rents					
Name of Bank, D	Name of Bank, Depository, etc.							
	Patriot Federal Credit Union							
Mailing Address	11067 Robinwood Drive							
	Hagerstown	MD :	21742					
	CITY ▲	STATE ▲	ZIP CODE ▲					
Name of Bank, [Depository, etc.							
	Evolve Bank & Trust							
Mailing Address	301 Shoppingway Boulevard							
	West Memphis	AR 7	72301					
	CITY A	STATE ▲	ZIP CODE ▲					