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. White Coat Waste PAC PO BOX 9891 ADDRESS (number and street) (Check if address is changed) Arlington 22219 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS janna@crosbyott.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2021 C00632760 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Rutland, Janna, , , Type or Print Name of Treasurer Rutland, Janna, , , [Electronically Filed] 02 18 2021 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

Local 202-694-1100

	FFC Fo	rm 1 (Revised 02/2009)	Page 2				
		OMMITTEE	i uyo 🚣				
Can	ndidate	Committee:					
(a)	Ш	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 candidate information below.)					
Nam Cand	e of didate						
	didate / Affiliati	Office Sought: House Senate President	State				
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.						
Nam Cand	e of didate						
Par	ty Con	nmittee:	(Dama avatis				
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.				
Poli	tical A	ction Committee (PAC):					
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	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 s committee. (i.e., nonconnected committee)	egregated 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.)					
Join	t Fund	Iraising Representative:					
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political				
(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.	wo or more political				
	Com	Committees Participating in Joint Fundraiser					
	1.	FEC ID number					
	2.	FEC ID number					
	3.	FEC ID number					
	4.						

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Write or Type Committee N		
White Coat W	Vaste PAC	
	ed Organization, Affiliated Committee, Joint Fundraising Representative, o	or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Conn	ected Organization Affiliated Committee Joint Fundraising Representation	ve Leadership PAC Sponso
Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the per	son in possession of committee
Rutlai Full Name	nd, Janna, , ,	
Mailing Address	PO BOX 9891	
	Arlington	22219
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	
B. Treasurer: List the name any designated agent (e	e and address (phone number optional) of the treasurer of the committee; a .g., assistant treasurer).	and the name and address of
Full Name Rutlar of Treasurer	nd, Janna, , ,	
Mailing Address	PO BOX 9891	
	Arlington	22219
Title or Position , Treasurer	CITY STATE	ZIP CODE
<u> </u>	Telephone number	

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Full Name of Designated		- 1
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		1 1
	Telephone number	
Mailing Address	Chain Bridge Bank 1445-A Laughlin Avenue McLean VA 22101	
	CITY STATE	ZIP CODE
Name of Bank,		
Mailing Address		