| | lmage# | 20240422963670613 | 86 |
|---|--------|-------------------|---------------|
| Į | mayom | 20240422303070010 | \mathcal{O} |

04/22/2024 15 : 45

PAGE 1 / 4 🗕

| STATEMENT | OF |
|------------|----|
| ORGANIZATI | ON |

| FEC FORM 1 | STATEMENT ORGANIZAT | _ | Office Use On | PAGE 1 / 4 |
|--|--|--|------------------------------|---------------------|
| 1. NAME OF COMMITTEE (in full) | | xample:If typing, type /er the lines. | 12FE4M5 | |
| | | | | |
| | | | | |
| ADDRESS (number and street) | PO BOX 852138 | | | |
| (Check if address is changed) | | | | |
| | MOBILE CITY▲ | | AL 36685 STATE ▲ ZII | |
| COMMITTEE'S E-MAIL ADD | RESS | | | |
| (Check if address is changed) | JANNA@CROSBYOTT.COM | | | |
| | Optional Second E-Mail Address | | | |
| | | | | |
| COMMITTEE'S WEB PAGE A (Check if address is changed) | | M | | |
| 2. DATE 04 / | 22 / Y Y Y Y 2024 | | | |
| 3. FEC IDENTIFICATION | NUMBER ► C C00697 | 789 | | |
| 4. IS THIS STATEMENT | NEW (N) OR | × AMENDED (A) | | |
| I certify that I have examined | this Statement and to the best of my | v knowledge and belief it i | s true, correct and complete | |
| Type or Print Name of Treasu | irer <u>Rutland, Janna, , ,</u> | | | |
| Signature of Treasurer RU | JTLAND, JANNA, , , | | Date 04 / D D D 22 | / Y Y Y Y 2024 |
| NOTE: Submission of false, erro | oneous, or incomplete information may s ANY CHANGE IN INFORMATION | | | of 52 U.S.C. §30109 |
| Office Use Only | | For further information con Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100 | | ORM 1 06/2012) |

5.

| 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 the candidate information below.) | | | | | | | |
| Name of CARL, JERRY, LEE, , JR Candidate | | | | | | | |
| Candidate Party Affiliation REP Office Sought: X House Senate President AL | | | | | | | |
| (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. | | | | | | | |
| Name of Candidate | | | | | | | |
| Party Committee: (National, State or subordinate) committee of the committee of | | | | | | | |
| Political Action Committee (PAC): | | | | | | | |
| (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a: | | | | | | | |
| Corporation Corporation w/o Capital Stock | | | | | | | |
| 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.) | | | | | | | |
| (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 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 or more political committees/organizations, none of which is an authorized committee of a federal candidate. | | | | | | | |
| Committees Participating in Joint Fundraiser | | | | | | | |
| 1 C | | | | | | | |
| 2 | | | | | | | |

Relationship:

| | _ | | | | | | | | | | | | | | | | |
|----|------------------------------|-----------------------|---------|---------|---------|--------|--------|-------|-------|-------|------|-------|-------|-------|--------------|------|--|
| | FEC Form 1 (Revised (| 02/2009) | | | | | | | | | | | | Pa | ige 3 | | |
| ٧ | Vrite or Type Committee Name |) | | | | | | | | | | | | | | | |
| | JERRY CARL F | OR CONG | RES | S | | | | | | | | | | | | | |
| 6. | Name of Any Connected C | Organization, Affilia | ted Cor | nmittee | , Joint | Fundra | aising | Repre | senta | tive, | or L | .eade | ershi | o PAC | ; Spo | nsor | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | Mailing Address | PO BOX 852138 | | | | | | | | | | | | | | | |

AL

1

STATE

X Joint Fundraising Representative

36685

ZIP CODE

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. |

CITY

Affiliated Organization

MOBILE

Connected Organization

| RUTLAND | , JANNA, , , | | |
|---------------------|-----------------------|----------|----------|
| Full Name | | | |
| Mailing Address | 421 OFFICE PARK DRIVE | | |
| | | | |
| | | AL 35223 | |
| | | STATE A | ZIP CODE |
| Title or Position ▼ | | | |
| | Telephone | e 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 | RUTLAND, JANNA, , , | <u> </u> | | | |
|---------------------------|-----------------------|----------|----------|--|--|
| Mailing Address | 421 OFFICE PARK DRIVE | | | | |
| | | | | | |
| | | AL 35223 | | | |
| | CITY A | STATE A | ZIP CODE | | |
| Title or Position | , | | | | |
| TREASURER | | | | | |

| FEC Form 1 (Revised 02 | 2009) | Page 4 |
|-------------------------------------|------------------|---------------|
| Full Name of Designated Agent | | |
| Mailing Address | | |
| | | |
| | | |
| | CITY ▲ STATE ▲ | ZIP CODE |
| Title or Position ▼ | | |
| | Telephone number |] – [] – [] |

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.

| Mailing Address | 1445-A LAUGHLIN AVENUE | | |
|-----------------|------------------------|----------|------------|
| | | | |
| | | VA 22101 | |
| | CITY 🔺 | STATE A | ZIP CODE |
| Name of Bank, [| Depository, etc. | | |
| Mailing Address | | | |
| | | | |
| | | | |
| | CITY 🔺 | STATE A | ZIP CODE ▲ |