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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Jared Craig for Congress, Inc. 20 Baker Road Suite 5 ADDRESS (number and street) (Check if address is changed) Newnan 30265 GA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS jaredcraigforcongress@gmail.com (Check if address is changed) Optional Second E-Mail Address Pdc.jbc@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) jaredcraigforgeorgia.com (Check if address is changed) DATE 2021 C00790097 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. Craig, Jared, , , Craig Type or Print Name of Treasurer Craig, Jared, , , Craig [Electronically Filed] 09 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 Only Local 202-694-1100

| | 5 2 |
|---|---|
| FEC Form 1 (Revised 02/2009) | Page 2 |
| 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. (Compinformation below.) | plete the candidate |
| Name of Craig, Jared, B, , | |
| Candidate Party Affiliation REP Office Sought: House Senate President | State GA District 03 |
| (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Name of Candidate | |
| Party Committee: | |
| | Democratic, Republican, etc.) Party. |
| Political Action Committee (PAC): | |
| (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cont | nected 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 secommittee. (i.e., nonconnected committee) | gregated 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.) | |
| Joint Fundraising Representative: | |
| (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate. | o or more political |
| (h) 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. | |
| | |
| 2. FEC ID number | |
| | |

| 1 | | | |
|--|---|-------------------------------|--------------------------------------|
| FEC Form 1 (Revise | d 02/2009) | | Page 3 |
| Write or Type Committee Na | me | | |
| Jared Craig fo | r Congress, Inc. | | |
| 6. Name of Any Connected | l Organization, Affiliated Committee, Jo | oint Fundraising Representa | tive, or Leadership PAC Sponsor |
| NONE | | | |
| | | | |
| Mailing Address | | | |
| Mailing Address | | | |
| | | | |
| | CITY | STAT | E ZIP CODE |
| | | | 211 CODE |
| Relationship: Connec | ted Organization Affiliated Committee | Joint Fundraising Repres | sentative Leadership PAC Sponsor |
| 7. Custodian of Records: lo books and records. | dentify by name, address (phone number | optional) and position of the | ne person in possession of committee |
| | ared, , , Craig | | |
| Full Name | ,20 Baker Road Suite 5 | | |
| Mailing Address | | | |
| | | | 20005 |
| | Newnan | GA | 30265 |
| Title or Position | CITY | STATE | ZIP CODE |
| Candidate | | Telephone number | 404 - 488 - 8996 |
| Treasurer: List the name any designated agent (e.g.) | and address (phone number optional) and assistant treasurer). | of the treasurer of the commi | ttee; and the name and address of |
| Full Name Craig, January Craig, Crai | ared, , , Craig | | |
| Mailing Address | 20 Baker Road Suite 5 | | |
| | | | |
| | Newnan | GA | 30265 |
| Title or Position | CITY | STATE | ZIP CODE |
| Title Of FUSILIUIT | | Telephone number | 404 - 488 - 8996 |

| FEC Form | | |
|---|--|----------------|
| | | |
| Full Name of Designated Agent | Cowdell, Jenny, E, , | |
| Mailing Address | 20 Baker Road Suite 5 | |
| | | |
| | Newnan GA 30265 CITY STATE | ZIP CODE |
| Title or Position Secretary | Telephone number | 253 - 0897 |
| andahi dan!t li | Depositories: List all banks or other depositories in which the committee deposits funds, holds | |
| Name of Bank, De | es or maintains funds. | |
| Name of Bank, De | es or maintains funds. epository, etc. | |
| Name of Bank, De | es or maintains funds. epository, etc. Synovus | |
| Name of Bank, De | es or maintains funds. epository, etc. Synovus | |
| Name of Bank, De | Synovus 3130 GA 34-E Newnan Repository, etc. A solution of the state of the sta | ZIP CODE |
| Name of Bank, De | Synovus 3130 GA 34-E Newnan CITY STATE | |
| Name of Bank, De | Synovus 3130 GA 34-E Newnan CITY STATE | |
| Name of Bank, De | Synovus 3130 GA 34-E Newnan CITY STATE | |
| Name of Bank, De Mailing Address Name of Bank, De | Synovus 3130 GA 34-E Newnan CITY STATE | |
| Name of Bank, De Mailing Address Name of Bank, De | Synovus 3130 GA 34-E Newnan CITY STATE | |

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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| h). Joint Fundraisir | g : | | |
|--|--|-----------------------|---|
| 1. | | FEC ID nun | |
| 2. | | FEC ID nun | nber C |
| 3. | | FEC ID nun | nber C |
| 4 | | FEC ID nun | nber C |
| ame of Any Connected | Organization, Affiliated Committee, Joint | t Fundraising Represe | ntative, or Leadership PAC Spor |
| | | | |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| Relationship: | CITY ▲ | STA | TE ▲ ZIP CODE ▲ |
| | d Organization | Joint Fundraising Rep | resentative Leadership PAC S |
| esignated Agent: Identify Craig, Je Full Name | Affiliated Committee y by name, address (phone number – optionnifer, , , 45 LINE CREEK COURT | | resentative Leadership PAC S |
| esignated Agent: Identif | y by name, address (phone number – optionnifer, , , | | resentative Leadership PAC S |
| esignated Agent: Identify Craig, Je Full Name | y by name, address (phone number – optionnifer, , , | onal) | A 30277 |
| esignated Agent: Identif Craig, Je Full Name | y by name, address (phone number – optionnifer, , , 45 LINE CREEK COURT SHARPSBURG | onal) | 6A 30277 |
| esignated Agent: Identif Craig, Je Full Name | y by name, address (phone number – optionnifer, , , 45 LINE CREEK COURT SHARPSBURG | onal) | GA 30277 E A ZIP CODE A |
| esignated Agent: Identify Craig, Je Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail | y by name, address (phone number – optionnifer, , , 45 LINE CREEK COURT SHARPSBURG CITY ries: List all banks or other depositories in | STATI | GA 30277 E A ZIP CODE A or 404 - 488 - 89 |
| esignated Agent: Identify Craig, Je Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail ame of Bank, epository, etc. | y by name, address (phone number – optionnifer, , , 45 LINE CREEK COURT SHARPSBURG CITY ries: List all banks or other depositories in | STATI | GA 30277 E A ZIP CODE A or 404 - 488 - 89 |