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) over the lines. is changed) RURAL AND RED POLITICAL ACTION COMMITTEE 3006 Trottinridge Rd ADDRESS (number and street) (Check if address is changed) Clarksville 23927 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS ruralandred@gmail.com (Check if address is changed) Optional Second E-Mail Address hrgie1@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2018 C00681403 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. Type or Print Name of Treasurer Gielow, Charles, Lowell, Mr., Gielow, Charles, Lowell, Mr., Date 10 11 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: | | | | |
| adidate Committee: | | | | |
| (a) This committee is a principal campaign committee. (Complete the candidate inform | ation below.) | | | |
| (b) This committee is an authorized committee, and is NOT a principal campaign com information below.) | mittee. (Complete the candidate | | | |
| Name of Candidate ''','',',',',',',',',',',',',',',',',' | | | | |
| Candidate Party Affiliation Office Sought: House Senate | State President District | | | |
| (c) This committee supports/opposes only one candidate, and is NOT an authorized c | ommittee. | | | |
| Name of Candidate | | | | |
| Party Committee: | | | | |
| (d) This committee is a (National, State or subordinate) committee of the | (Democratic, Republican, etc.) Party | | | |
| 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 | Labor Organization | | | |
| Membership Organization Trade Association | Cooperative | | | |
| In addition, this committee is a Lobbyist/Registrant PAC. | _ | | | |
| (f) X This committee supports/opposes more than one Federal candidate, and is NOT a committee. (i.e., nonconnected committee) | separate segregated fund or party | | | |
| In addition, this committee is a Lobbyist/Registrant PAC. | | | | |
| In addition, this committee is a Leadership PAC. (Identify sponsor on line | e 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 committees/organizations, at least one of which is an authorized committee of a fee | • | | | |
| (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate. | | | | |
| Committees Participating in Joint Fundraiser | | | | |
| 1. | C | | | |
| 2. | C | | | |

President/Treasurer

| Г | _ | | | | |
|----|--|--|--|------------------------|--|
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| V | Vrite or Type Committee Name | | | | |
| | | ED POLITICAL ACTION | | | |
| 6. | | Organization, Affiliated Committee, Joint | Fundraising Representative, or Lea | adership PAC Sponsor | |
| | NONE | | | | |
| | | | | | |
| | Mailing Address | | | | |
| | | | | | |
| | | | | | |
| | | CITY ▲ | STATE ▲ | ZIP CODE ▲ | |
| | Relationship: Connected | Organization Affiliated Organization | Joint Fundraising 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. | | | | |
| | Gielow, Ha | arold, Richard, Mr., | | | |
| | Full Name | | | | |
| | Mailing Address | 3006 Trottinridge Rd | | | |
| | | | | | |
| | | Clarksville | VA239 | 927 | |
| | | CITY ▲ | STATE ▲ | ZIP CODE ▲ | |
| | Title or Position ▼ | | | | |
| | Custodian of Records | | Telephone number 434 | - 917 - 1519 | |
| 8. | Treasurer: List the name an any designated agent (e.g., | d address (phone number optional) of t assistant treasurer). | he treasurer of the committee; and the | ne name and address of | |
| | Full Name Gielow, Ch | narles, Lowell, Mr., | | | |
| | Mailing Address | 5650 Picnic Rock Ln | | | |
| | | | | | |
| | | Raleigh | NC 276 | 613 | |
| | | CITY ▲ | STATE ▲ | ZIP CODE ▲ | |
| | Title or Position ▼ | | | | |

4306

824

Telephone number

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|-------------------------------------|---|--------------------|---------------|--|--|--|
| Full Name of Designated Agent | Gielow, Charles, Lowell, , | | | | | |
| Mailing Address | 902-1 Shellbrook Court | | | | | |
| | | | | | | |
| | Raleigh | NC 2760 | 09 | | | |
| Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲ | | | |
| Designated Agen | t i | phone number 919 - | 824 - 4306 | | | |
| | 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, D | Name of Bank, Depository, etc. | | | | | |
| | BCB | | | | | |
| Mailing Address | 133 College St. | | | | | |
| | PO Box 1824 | | | | | |
| | Clarksville | VA 2392 | 7 | | | |
| | CITY ▲ | STATE ▲ | ZIP CODE ▲ | | | |
| Name of Bank, Depository, etc. | | | | | | |
| | | | | | | |
| Mailing Address | | | | | | |
| | | | | | | |
| | | | | | | |
| | CITY ▲ | STATE ▲ | ZIP CODE ▲ | | | |