PAGE 1 / 4

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Citizens to Elect Rusty Crowe to Congress 3024 Peoples Street ADDRESS (number and street) (Check if address is changed) Johnson City ΤN 37604 CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS Smiller@shellmillersebastian.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00738930 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. Hite, Ronald, V,, Type or Print Name of Treasurer Hite, Ronald, V,, [Electronically Filed] 02 2020 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

			_
		rm 1 (Revised 02/2009)	Page <b>2</b>
		OMMITTEE	
(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. (Cominformation below.)	plete the candidate
Nam Can	e of didate	Crowe, Dewey ?Rusty?, Edward, , II	
	didate y Affiliati	on REP Office Sought: <b>X</b> House Senate President	State TN District 01
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical 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 Wo 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)	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 to committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo 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.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC <b>Form</b>	<b>1</b> (Revised 02/2009)	Page <b>3</b>
Write or Type Comr	mittee Name	
Citizens to	o Elect Rusty Crowe to Congress	
	Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	ship PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship:	Connected Organization Affiliated Committee Joint Fundraising Representative Le	adership PAC Sponsor
Custodian of Rebooks and record	<b>ecords:</b> Identify by name, address (phone number optional) and position of the person in posds.	ssession of committee
Full Name		
Mailing Address		
J		
Title or Position	CITY STATE	ZIP CODE
	Telephone number	
3. <b>Treasurer:</b> List the any designated a	he name and address (phone number optional) of the treasurer of the committee; and the na agent (e.g., assistant treasurer).	me and address of
Full Name	Hite, Ronald, V, ,	1
of Treasurer	147 Butchertown Rd.	
Mailing Address	147 Bucileilowii Ku.	
	Fall Branch TN 37656	
Title or Position	, 703	ZIP CODE  627     2994
	Telephone number	

	<b>n 1</b> (Revised 02/2009)	Page 4
Full Name of Designated Agent		 
Mailing Address		<u> </u>
Ju.333		
	CITY STATE	ZIP CODE
Title or Position		
	Bank of Tennessee	
Mailing Address		
Mailing Address	Johnson City TN 37604	
	Johnson City TN 37604  CITY STATE	ZIP CODE
Mailing Address  Name of Bank, I	Johnson City TN 37604  CITY STATE	ZIP CODE
	Johnson City TN 37604  CITY STATE	ZIP CODE
	Johnson City TN 37604  CITY STATE  Depository, etc.	ZIP CODE
Name of Bank, I	Johnson City TN 37604  CITY STATE  Depository, etc.	ZIP CODE
Name of Bank, I	Johnson City TN 37604  CITY STATE  Depository, etc.	ZIP CODE