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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. Conservative Republicans for Responsible Representation 333 Colony Blvd ADDRESS (number and street) Suite 197 (Check if address is changed) The Villages 32162 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS jenkochgibson@msn.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2022 C00821702 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. McMahon, Jennifer, Mary, Ms, Type or Print Name of Treasurer McMahon, Jennifer, Mary, Ms, [Electronically Filed] 09 2022 Signature of Treasurer Date 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

Only

EC Form 1 (Revised 03/2022)	Page 2						
TYPE OF COMMITTEE:							
Candidate Committee:							
(a) This committee is a principal campaign committee. (Complete the candidate information	n below.)						
(b) This committee is an authorized committee, and is NOT a principal campaign committee information below.)	ee. (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 committee							
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 september committee. (i.e., nonconnected committee)	parate 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 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 acc	ounts (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 procommittees/organizations, at least one of which is an authorized committee of a federal							
	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. , , , , , , , , , , , , , , , , , ,							

Treasurer

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٧	Vrite or Type Committee Name	<u> </u>			<u> </u>			
	Conservative F	Republicans for Responsi	ble Repre	esentation				
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint Fund						
	NONE							
	Mailing Address							
		1		. 1 1				
		CITY ▲	STA	ATE ▲	ZIP CODE ▲			
	Deletionship: Connected							
	Relationship: Connected	Organization Affiliated Organization Jo	oint Fundraising Re	presentative	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. 							
	McMahon,	Jennifer, Mary, Ms,						
	Full Name							
	Mailing Address	711 Congaree Loop						
		The Villages		FL 32163				
		CITY ▲	ST/	 ATE ▲	ZIP CODE ▲			
	Title or Position ▼							
	Treasurer		elephone number	716 –	713			
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 McMahon,	Jennifer, Mary, Ms,						
	of Treasurer							
	Mailing Address	711 Congaree Loop						
		The Villages		FL 32163				
		CITY ▲	STA	ATE A	ZIP CODE ▲			
	Title or Position ▼							

Telephone number

2636

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Full Name Designated Agent		, Joseph, , ,	1 1 1 1 1	1					
Mailing Add	dress	711 Congaree Loop							
		The Villages			FL	32163			
Title or Pos	oition -		CITY ▲		STATE ▲	ZIP CODE ▲			
l	SILIOTI V		1		, ₁ 71	6 _ 531 _ 3982			
				Telephone num	ber				
	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 Ba	Name of Bank, Depository, etc.								
	Truist								
Mailing Add	Iress	750 Kristine Way							
		The Villages			FL	32163			
			CITY A	:	STATE A	ZIP CODE ▲			
Name of Bank, Depository, etc.									
Mailing Add	Iress								
			CITY ▲	:	STATE A	ZIP CODE ▲			