STATEMENT OF

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FEC FORM 1		ORG	ANIZ	ATIC	N											
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NAME OF COMMITTEE (ir	n full)	(Check is char	t if name nged)		nple:If typ the lines.	ing, typ	e	13	2FE	4M5	5					
CRES PAC																
ADDRESS (number a	nd atract)	1201 PENNSYI	_VANIA AVE	NW		1 1 1	ı		1 1	ı	1 1	ı	1 1	1 1	1 1	, [
(Check if a	address	SUITE 220														
is changed	d)	WASHINGTON	 				ı	[DÇ I		200	004		1_1		
		CITY A						S1	ATE	A			ZIF	, COI	DE 🛦	
COMMITTEE'S E-MA	AIL ADDRES	SS														
(Check if a		info@cresene	rgy.com													. 1
is changed	d)			1.1												
		Optional Secon	id E-Maii Ad	iaress												
COMMITTEE'S WEB	PAGE ADD	BESS (LIBL)														
(Check if a	address	TLOG (OTIL)														. 1
is changed	d)															
2. DATE 0	4 10	2024	Y													
							1									
3. FEC IDENTIFIC	CATION NU	MBER ▶	C	0062514	5											
4. IS THIS STATEM	MENT	NEW (N)	OR	×	AME	NDED ((A)									
I certify that I have e	examined thi	s Statement and	d to the best	t of my k	nowledge	and be	elief it	is tru	ue, co	orrec	t and	com	plete.			
Tuna or Print Nama	of Transurar															
Type or Print Name	oi iieasurer	Reams, Heathe	er, , ,													
Signature of Treasure	er Ream	s, Heather, , ,					_	Date	9	M 04	M /		2	/ Y	2024	
NOTE: Submission of	false, errone	ous, or incomplet										pena	lties o	f 52 l	J.S.C.	§3010
Office					For further				t:			FE	C F	— ORI	—— И 1	
Use Only					Federal Ele Toll Free 80 Local 202-6	00-424-95		IUII					vised			

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5.	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. (Complete the cand information below.)							
Name of Candidate							
Candidate Office Party Affiliation Sought: House Senate President							
	(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 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	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 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) X 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						
	1C						
	2.						

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٧	Vrite or Type Committee Name				
	CRES PAC				
6.		rganization, Affiliated Committee, Joint Fund	raising Repre	esentative, or Le	adership PAC Sponsor
	NONE				
	Mailing Address				
		CITY ▲		STATE A	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joi	int Fundraising	Representative	Leadership PAC Sponsor
7.	Custodian of Records: Ident books and records.	ify by name, address (phone number optional)	and position o	f the person in pos	ssession of committee
	Reams, He	eather, , ,			
	Full Name	,1201 Pennsylvania Ave NW			
	Mailing Address	1201 Fellisyivalia Ave IVV			
		Suite 220			
		Washington		DC 20	0004
		CITY ▲		STATE ▲	ZIP CODE ▲
	Title or Position ▼				
	Treasurer		elephone num	ber LI	
8.	Treasurer: List the name an any designated agent (e.g., a	d address (phone number optional) of the tre	easurer of the	committee; and t	he name and address of
	Full Name Reams, He of Treasurer	eather, , ,	1 1 1 1 1		
	Mailing Address	1201 Pennsylvania Ave NW			
		Suite 220			
		Washington		DC 20	0004
		CITY ▲		STATE ▲	ZIP CODE ▲
	Title or Position ▼				
	Treasurer		elephone num	ber	

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Full Name of Designated Agent	Kalandiya, Tamara, , ,		
Mailing Address	1201 Pennsylvania Ave, NW		
	Suite 220		
	Washington	DC	20004
Tills on Booties	CITY ▲	STATE ▲	ZIP CODE ▲
Title or Position			
Assistant freasu	Telephone	number	
safety deposit bo	Depositories: List all banks or other depositories in which the commes or maintains funds.	nittee deposits fo	unds, holds accounts, rents
Name of Bank, D	epository, etc.		
	Bank of America		
Mailing Address	1001 Pennsylvania Ave, NW		
	Washington	DC	20004
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.		_
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲