PAGE 1 / 7 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) VANCE FOR OH SENATE REPUBLICAN NOMINEE FUND 2022 PO BOX 9891 ADDRESS (number and street) (Check if address is changed) ARLINGTON 22219 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS NOMINEEFUND@CROSBYOTT.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2022 C00772947 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. GLAZE, KAYLA, , , Type or Print Name of Treasurer GLAZE, KAYLA, , , [Electronically Filed] 08 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. FEC FORM 1

Office			For further information contact:
Use			Federal Election Commission
Only			Toll Free 800-424-9530 Local 202-694-1100

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TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information below	ow.)
(b) x This committee is an authorized committee, and is NOT a principal campaign committee. (C information below.)	Complete the candidate
Name of Candidate VANCE, J, D,	
Candidate Party Affiliation REP Office Sought: House X Senate President	D: . · ·
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	00
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State	(Democratic, Republican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) It	ts connected organization is a:
Corporation Wo Capital Stock	Labor Organization
Membership Organization Trade Association	Cooperative
In addition, this committee is a Lobbyist/Registrant PAC.	
This committee supports/opposes more than one Federal candidate, and is NOT a separate committee. (i.e., nonconnected committee)	e 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 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 committees/organizations, at least one of which is an authorized committee of a federal can	·
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds committees/organizations, none of which is an authorized committee of a federal candidate.	s for two or more political
Committees Participating in Joint Fundraiser	
1 C	
C	

Title or Position ▼

| TREASURER

	_		
			_
	FEC Form 1 (Revised 0		Page 3
V	Vrite or Type Committee Name VANCE FOR () OH SENATE REPUBLICAN NOMINEE FUND	2022
6.		Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersh BLICAN NOMINEE VICTORY FUND	nip PAC Sponsor
	Mailing Address	PO BOX 9891	
		ARLINGTON VA 22219	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Representative L	eadership PAC Sponso
7.	Custodian of Records: Ident books and records.	tify by name, address (phone number optional) and position of the person in possessic	on of committee
	GLAZE, KA	AYLA, , ,	
	Full Name		
	Mailing Address	PO BOX 9891	
		1	
		ARLINGTON VA 22219	_
		CITY	ZID CODE A
	Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
	TREASURER		1.1
	[,,, <u>,</u> ,,,	Telephone number	
3.	Treasurer: List the name an any designated agent (e.g.,	ad address (phone number optional) of the treasurer of the committee; and the nar assistant treasurer).	ne and address of
	Full Name GLAZE, KA	AYLA, , ,	
	of Treasurer		
	Mailing Address	PO BOX 9891	
		1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		ARLINGTON VA 22219	-

CITY

ZIP CODE ▲

STATE ▲

Telephone number

FEC Form 1	Revised 02/2009)		Page 4
Full Name of	11011000 02/2000)		l ago I
Designated Agent			
Mailing Address			
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
	Tel	ephone number	-
	epositories: List all banks or other depositories in which tes or maintains funds.	he committee deposits funds	, holds accounts, rents
Name of Bank, De	pository, etc.		
Ĺ	CHAIN BRIDGE BANK		
Mailing Address	1445-A LAUGHLIN AVENUE		
	MCLEAN	VA 2	2101
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, De	pository, etc.		
L			
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

Page ____ **of** ____

5(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	C
2.			FEC ID number	C
3.			FEC ID number	C
4.			FEC ID number	C
	of Any Connected O	organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
1	Mailing Address	PO BOX 9891		
		ARLINGTON	L VA	22219
I	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
8. Desig r		Organization Affiliated Committee X Joint F	Fundraising Representa	tive Leadership PAC Sponsor
Fu	II Name			
Ma	ailing Address			
Ma	ailing Address			
Ma	ailing Address			
	ailing Address	CITY A	STATE A	ZIP CODE A
		CITY A		
9. Banks safety	or Other Depositoric deposit boxes or main	CITY Tele es: List all banks or other depositories in which the	STATE ▲	ZIP CODE A
9. Banks safety	ITLE OR POSITION T	CITY Tele es: List all banks or other depositories in which the	STATE ▲	ZIP CODE A
9. Banks safety	or Other Depositoric deposit boxes or main of Bank,	CITY Tele es: List all banks or other depositories in which the	STATE ▲	ZIP CODE A
9. Banks safety	or Other Depositoric deposit boxes or main of Bank, itory, etc.	CITY Tele es: List all banks or other depositories in which the	STATE ▲	ZIP CODE A

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

Page ___ **of** ____

(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
	I Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Sponso
Mailing Address	PO BOX 13026		
	AUSTIN	TV	, 78711
D.1.11.		TX	
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	fy by name, address (phone number – optional)		
Designated Agent: Identii Full Name Mailing Address	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	CITY A CITY A pries: List all banks or other depositories in which	elephone Number	
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or management of Bank, Depository, etc.	CITY A CITY A pries: List all banks or other depositories in which	elephone Number	

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

Page ____ **of** ____

(h). Joint Fundraisi		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Funda	raising Representative	e, or Leadership PAC Spons
JD VANCE FOR	SENATE INC.		
	PO BOX 6564		
Mailing Address			
	CINICININATI	011	45206
-	CINCINNATI	OH OH	45206
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Affiliated Committee Joint by by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC Sp
		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
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esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of Bank,	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A