FEC

Only

STATEMENT OF

PAGE 1/5

ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Country Roads PAC PO Box 1387 ADDRESS (number and street) (Check if address is changed) Charleston 25325 WVCITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address compliance@katzcompliance.com is changed) Optional Second E-Mail Address jack.rossi44@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00484402 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 Rossi, Jack, , Date 12 05 2024 Signature of Treasurer Rossi, Jack, , , 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

- FC Form	1 (Revised 03/2022) Page 2
	DF COMMITTEE:
	date 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 candidate information below.)
Name Candid	
Candid Party	date
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
	ne of didate
Party (Committee:
(d)	This committee is a (National, State (Democratic, or subordinate) committee of the Republican, etc.) Party
Politica	al Action Committee (PAC):
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is
	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 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).
(9)	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 F	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.
Com	nmittees Participating in Joint Fundraiser

С

	FEC Form 1 (Revised 0	2/2009)			Page 3
٧	Vrite or Type Committee Name	240			
	Country Roads F		olele e December		shin DAO Corressor
).	Manchin, Joe, , , III	rganization, Affiliated Committee, Joint Fundr	alsing Hepreser	itative, or Leaders	snip PAC Sponsor
	Mailing Address	PO Box 1387			
		Charleston	v l	VV 25325	
		CITY ▲	STA	 ATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joi	nt Fundraising Rep	presentative X	Leadership PAC Sponso
	_			_	
	Custodian of Records: Identi	ify by name, address (phone number optional) a	and position of the	e person in possess	sion of committee
	Rossi, Jack	C			
	Full Name				
	Mailing Address	PO Box 1387			
		1	1 1 1 1 1		
		Charleston	v	VV 25325	
		CITY ▲	STA	ATE 🛦	ZIP CODE ▲
	Title or Position ▼	5111 =	011		211 0002 -
	Treasurer		elephone number	304	346 0441
J.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer).	asurer of the con	nmittee; and the na	ame and address of
	Full Name Rossi, Jack of Treasurer	5,, 			
	Mailing Address	PO Box 1387			
		Charleston		WV 25325	
	Title on Decition	CITY ▲	STA	ATE A	ZIP CODE ▲
	Title or Position ▼			. 204	246 . 0444
	Treasurer		elephone number	304	346 - 0441

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
Title or Desition	CITY ▲ STATE ▲	ZIP CODE ▲
Title or Position		
	Depositories: List all banks or other depositories in which the committee deposits funds, xes or maintains funds.	holds accounts, rents
Name of Bank, D	epository, etc.	
	Summit Community Bank	
Mailing Address	2402 Mountaineer Blvd	
	Charleston WV 25	309
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.	
	Stike Wealth Investment	
Mailing Address	500 Virginia St E	
	Ste 1200	
	Charleston WV 255	301
	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___

h). Joint Fundraisi		FEC ID number	С
		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	U
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
Manchin Leadership	Fund		
Mailing Address	PO Box 5202		
Mailing Address			
	Charleston	, , WV ,	25361
Relationship:	CITY A	STATE ▲	ZIP CODE A
riolationionip.	OII I	SIAIL	ZIF CODE A
	Affiliated Committee X Joint by by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC S
esignated Agent: Identif		t Fundraising Representa	Leadership PAC S
esignated Agent: Identif		t Fundraising Representa	Leadership PAC S
esignated Agent: Identif		t Fundraising Representa	Leadership PAC S
esignated Agent: Identif	fy by name, address (phone number – optional)		
esignated Agent: Identif	fy by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC S
esignated Agent: Identif	fy by name, address (phone number – optional) CITY		
esignated Agent: Identif	fy by name, address (phone number – optional) CITY	STATE A	
esignated Agent: Identification Full Name	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management.	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, Burke	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or m ame of Bank, Burke	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identification of Bank, epository, etc.	cories: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	cories: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A