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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. Paul Lott for Congress 4790 Maurine CT ADDRESS (number and street) (Check if address is changed) Gainesville 20155 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS pklott@me.com (Check if address is changed) Optional Second E-Mail Address paul.lott@paullottforcongress.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.paullottforcongress.com (Check if address is changed) DATE 06 2021 C00778944 FEC IDENTIFICATION NUMBER > 3. 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. Lott, Paul, Kinney, Mr., Sr Type or Print Name of Treasurer Lott, Paul, Kinney, Mr., Sr [Electronically Filed] 05 06 2021 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

FEC Form 1 (Re	vised 02/2009)	Page <b>2</b>			
TYPE OF COMMITT	EE				
Candidate Comm	littee:				
(a) This co	mmittee is a principal campaign committee. (Complete the candidate information below.)				
	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)				
Name of Candidate Lott, Paul, Kinney, Mr., Sr					
Candidate Party Affiliation	REP Office Sought: House Senate President	State VA			
(c) This co	mmittee supports/opposes only one candidate, and is NOT an authorized committee.	District			
Name of Candidate					
Party Committee	:				
(d) This co	, ,	Democratic, Republican, etc.) Party.			
Political Action Committee (PAC):					
(e) This co	mmittee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	nected 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 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.)				
Joint Fundraising Representative:					
(0)	mmittee collects contributions, pays fundraising expenses and disburses net proceeds for two tees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political			
	nmittee collects contributions, pays fundraising expenses and disburses net proceeds for two ees/organizations, none of which is an authorized committee of a federal candidate.	o or more political			
Committees	Participating in Joint Fundraiser				
1.	FEC ID number				
2.	FEC ID number				
3.	FEC ID number				
4.					

FEC Form 1 (Revise		Page 3
Write or Type Committee Na		
Paul Lott for C	congress	
6. Name of Any Connecte	d Organization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee Joint Fundraising Representa	ative Leadership PAC Sponsor
Custodian of Records: I books and records.	Identify by name, address (phone number optional) and position of the po	erson in possession of committee
	aul, Kinney, Mr., Sr	1
Full Name	4790 Maurine CT	
Mailing Address		
	Gainesville	,20155
	Gainesville	
Title or Position	CITY STATE	ZIP CODE
treasurer		571 - 621 - 3090
3. <b>Treasurer:</b> List the name any designated agent (e.ç	and address (phone number optional) of the treasurer of the committee; g., assistant treasurer).	and the name and address of
Full Name Lott, Pa	aul, Kinney, Mr., Sr	
Mailing Address	4790 Maurine CT	
	Gainesville	20155
Title or Position	CITY STATE	ZIP CODE
treasurer	Telephone number	571 - 621 - 3090

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Full Name of Designated Agent	Lott, Crystal, Lynette, Mrs,				
Mailing Address	4790 Maurine CT				
	Gainesville VA 20155 CITY STATE 2	ZIP CODE			
Title or Position Asst Treasurer		788 0970			
<ul> <li>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.</li> <li>Name of Bank, Depository, etc.</li> </ul>					
	TD Bank				
Mailing Address	8401 Digges Rd				
	Manassas VA 20110				
	CITY STATE	ZIP CODE			
Name of Bank, Depository, etc.					
Mailing Address					
	CITY STATE	ZIP CODE			