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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) over the lines. is changed) James Tarantin for the United States Senate 4938 Hampden Ln. ADDRESS (number and street) PMB - #339 (Check if address is changed) Bethesda 20814 MD CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS james@gopcompliance.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.JamesTarantin.com (Check if address is changed) DATE 20 2021 C00787556 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. Appel, James, Phillip, , Appel Type or Print Name of Treasurer Appel, James, Phillip, , Appel [Electronically Filed] 10 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

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		OMMITTEE • Committee:					
(a)	x	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.)					
Nam Cand	e of didate	Tarantin, James, , ,					
	didate / Affiliati	on REP Office Sought: House X Senate President	State MD District 00				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Nam Cand	e of didate						
Par	ty Con	Committee:					
(d)		(National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.				
Poli	tical A	ction Committee (PAC):					
(e)	nnected 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)		This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated 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.)					
Join	t Fund	raising Representative:					
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political				
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political				
	Committees Participating in Joint Fundraiser						
	1.	FEC ID number					
	2.	FEC ID number					
	3.						
	4.						

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Write or Type Committee N	Name	
James Taran	tin for the United States Senate	
6. Name of Any Connect	ted Organization, Affiliated Committee, Joint Fundraising Representative	e, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Conn	ected Organization Affiliated Committee Joint Fundraising Represent	tative Leadership PAC Sponsor
. Custodian of Records: books and records.	: Identify by name, address (phone number optional) and position of the	person in possession of committee
Appel Full Name	I, James, Phillip, , Appel	
Mailing Address	1809 Francis Ct	
	Annapolis	21401
Title or Position	CITY STATE	ZIP CODE
Treasurer		202 510 7545
3. Treasurer: List the name any designated agent (e	e and address (phone number optional) of the treasurer of the committee e.g., assistant treasurer).	e; and the name and address of
Full Name Appel of Treasurer	l, James, Phillip, , Appel	
Mailing Address	1809 Francis Ct	
	Annapolis	21401
Title or Position Treasurer	CITY STATE	ZIP CODE 202 - 510 - 7545

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Full Name of Designated Agent	Appel, James, Phillip, ,					
Mailing Address	1809 Francis Ct					
	Annapolis MD 21401 CITY STATE ZI	P CODE				
Title or Position Treasurer						
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 Bank, Depository, etc. BRANCH BANK & TRUST-MARYLAND						
Mailing Address	2078 Generals Hwy					
	Annapolis MD 21401					
	CITY STATE ZI	IP CODE				
Name of Bank, [Depository, etc.					
Mailing Address						
	CITY STATE ZI	IP CODE				