PAGE 1 / 4 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) VOLUNTEERS FOR FREEDOM PAC 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 JANNA@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 C00816843 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. RUTLAND, JANNA, , , Type or Print Name of Treasurer RUTLAND, JANNA, , , [Electronically Filed] 06 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**

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

FEC Form 1 (Revised 03/2022)	Page 2			
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. (Completinformation below.)	ete the candidate			
Name of Candidate				
Candidate Party Affiliation Office Sought: House Senate President	State			
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	Biolifot			
Name of Candidate				
Party Committee:				
(d) This committee is a (National, State or subordinate) committee of the Repub	ocratic, olican, etc.) Party			
Political Action Committee (PAC):				
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected organization is a:			
Corporation Corporation w/o Capital Stock Lal	bor Organization			
Membership Organization Trade Association Co	operative			
In addition, this committee is a Lobbyist/Registrant PAC.				
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	egated 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 (Hybridian Committee)	rid 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 committees/organizations, at least one of which is an authorized committee of a federal candidate				
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				

I	FEC Form 1 (Revise	d 02/2009)	Page 3					
٧	Vrite or Type Committee Na							
6.		VOLUNTEERS FOR FREEDOM PAC Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor						
	NONE		1					
	Mailing Address							
			I I-I					
		CITY ▲ STATE ▲	ZIP CODE ▲					
	Dellation ship							
	Relationship: Connect	ted Organization	tative Leadership PAC Sponso					
7.	Custodian of Records: Idebooks and records.	Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.						
	RUTLA	ND, JANNA, , ,						
	Full Name							
	Mailing Address	PO BOX 9891						
		ARLINGTON VA	22219					
	Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲					
	·							
	TREASURER	Telephone number						
8.	Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).							
	1	ND, JANNA, , ,						
	of Treasurer	DO DOV 2024						
	Mailing Address	PO BOX 9891						
		ARLINGTON	22219					
		CITY ▲ STATE ▲	ZIP CODE ▲					
	Title or Position ▼							
	TREASURER	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, Depository, etc.						
L						
Mailing Address						
	CITY ▲	STATE ▲	ZIP CODE ▲			