**FEC** 

Only

## STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. COUNT THE VOTE 150 POST STREET, SUITE 405 ADDRESS (number and street) (Check if address is changed) SAN FRANCISCO 94108 CA CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address cgembinski@campaignlawyers.com is changed) Optional Second E-Mail Address CAMPAIGN@RUTAN.COM COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00875690 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. Type or Print Name of Treasurer SUTTON, JAMES, , SUTTON, JAMES, , , Date 04 09 2024 Signature of Treasurer 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

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FEC F	Form 1 (Revised 03/2022) Pag	ge <b>2</b>		
. TY	YPE OF COMMITTEE:			
Cá	andidate 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 candida information below.)	ate		
	Name of Candidate			
	Candidate Party Affiliation Office Sought: House Senate President Distriction	-		
(c)				
Name of Candidate				
(d)	arty Committee:  (National, State or subordinate) committee of the Republican, etc.) Particular to the Republican, etc.)	rty		
Po	olitical Action Committee (PAC):			
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organizat				
	Corporation Corporation w/o Capital Stock Labor Organization	on		
	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 segregated fund or part 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).			
	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.			
Jo	oint Fundraising Representative:			
(i)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more procedures committees/organizations, at least one of which is an authorized committee of a federal candidate.	olitical		
(j)	(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.			
	Committees Participating in Joint Fundraiser			
	1C			

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W	rite or Type Committee Name					
	COUNT THE VC					
6.	-	ame of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor				
	NONE					
	Mailing Address					
		CITY ▲	STATE ▲	ZIP CODE ▲		
	Relationship: Connected	Organization Affiliated Organization Joint Fundraisir	ng Representative	Leadership PAC Sponsor		
	_					
·.	Custodian of Records: Ident books and records.	fy by name, address (phone number optional) and position	of the person in possess	sion of committee		
	SUTTON,	IAMES, , ,				
	Full Name					
	Mailing Address	150 POST STREET, SUITE 405				
		SAN FRANCISCO	CA 94108			
		CITY A	STATE ▲	ZIP CODE ▲		
	Title or Position ▼					
	TREASURER	Telephone nu	mber 415	732 - 7700		
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the ssistant treasurer).	e committee; and the na	ame and address of		
	Full Name SUTTON,	IAMES, , ,		1		
	of Treasurer	150 POST STREET, SUITE 405				
	Mailing Address	100 1 301 01KEE1, 3011E 400				
		SAN FRANCISCO	CA 94108			
		CITY A	STATE ▲	ZIP CODE ▲		
	Title or Position ▼					
	TREASURER	Telephone nu	mber 415	732		

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	Full Name of Designated Agent	SUTTON, JAMES, , ,		
	Mailing Address	150 POST STREET, SUITE 405		
		SAN FRANCISCO	CA	94108
	Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
	Title of Position (	Telephone	number 415	5 732 7700
-	Banks or Other safety deposit bo	<b>Depositories:</b> List all banks or other depositories in which the commes or maintains funds.	mittee deposits fur	nds, holds accounts, rents
	Name of Bank, D	epository, etc.		
		BANK OF SAN FRANCISCO		
	Mailing Address	345 CALIFORNIA STREET, SUITE 1600		
		SAN EDANGISCO	, CA	94104
		SAN FRANCISCO		
		CITY A	STATE ▲	ZIP CODE ▲
	Name of Bank, D	epository, etc.		
	Mailing Address			
		CITY ▲	STATE ▲	ZIP CODE ▲