

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Friends of McCormick

ADDRESS (number and street)

PO Box 134

☐ (Check if address is changed)

Suwanee

CITY ▲

GA

STATE ▲

30024

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

mccormick@rtastrategy.com

Optional Second E-Mail Address

al@richmccormick.us

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

https://www.richmccormick.us

2. DATE

MM / DD / YYYY
06 / 29 / 2020

3. FEC IDENTIFICATION NUMBER ►

C C00706747

4. 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 Casas, Ann, , ,

Signature of Treasurer Casas, Ann, , ,

[Electronically Filed]

Date

MM / DD / YYYY
04 / 29 / 2021

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
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

5. 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. (Complete the candidate information below.)

Name of Candidate

McCormick, Richard, Dean, Dr.,

Candidate
Party Affiliation

REP

Office
Sought:☒

House

☐

Senate

☐

President

State

GA

District

07

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate**Party Committee:**

- (d) ☐ This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 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:

- (g) ☐ 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.
- (h) ☐ 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

- | | | | |
|----|----------------------|---------------|------------------------|
| 1. | <input type="text"/> | FEC ID number | C <input type="text"/> |
| 2. | <input type="text"/> | FEC ID number | C <input type="text"/> |
| 3. | <input type="text"/> | FEC ID number | C <input type="text"/> |
| 4. | <input type="text"/> | FEC ID number | C <input type="text"/> |

Write or Type Committee Name

Friends of McCormick

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

CRUZ 20 FOR 20 VICTORY FUND

Mailing Address

PO BOX 341027

AUSTIN

CITY

TX

STATE

78734

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☒ Joint Fundraising Representative ☐ Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Boles, Jason, D, ,

Mailing Address

PO Box 1483

Roswell

CITY

GA

STATE

30077

ZIP CODE

Title or Position

Agent

Telephone number

770

330

6185

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).

Full Name
of Treasurer

Casas, Ann, , ,

Mailing Address

PO Box 134

Suwanee

CITY

GA

STATE

30024

ZIP CODE

Title or Position
Treasurer

Telephone number

678

469

1583

Full Name of
Designated
Agent

Miller, Carey, , ,

Mailing Address

500 14th Street NW

Atlanta

CITY

GA

STATE

30318

ZIP CODE

Title or Position

Designated Agent

Telephone number

404

856

3250

9. **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.

ServisFirst Bank

Mailing Address

300 Galleria Parkway SE

Suite 100

Atlanta

CITY

GA

STATE

30339

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: F1A

Transaction ID :

Amedning to drop Sponsor Registration for Leadership PAC that was terminated.

Form/Schedule:

Transaction ID: