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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) JOHN JAMES FOR CONGRESS, INC. P.O. BOX 628 ADDRESS (number and street) (Check if address is changed) ST. CLAIR SHORES 48080 MI CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address KIRSTEN@CROSBYOTT.COM is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) WWW.JOHNJAMESMI.COM (Check if address is changed) DATE 2025 C00803502 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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 QUICK, KIRSTEN,, QUICK, KIRSTEN, , , 09 16 2025 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** 

Office			For further information contact:
Use			Federal Election Commission
Only			Toll Free 800-424-9530
•,			Local 202-694-1100

E	Form 1 (Revised 03/2022) Page	<b>2</b>
	TYPE OF COMMITTEE:	
	Candidate 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 candidat information below.)	9
	Name of Candidate JAMES, JOHN, , ,	
	Candidate Party Affiliation REP Office Sought: X House Senate President District	MI 10
	This committee supports/opposes only one candidate, and is NOT an authorized committee.	10
	Name of Candidate	
	Party Committee:  (d) This committee is a (National, State (Democratic, Republican, etc.) Part	У
	Political Action Committee (PAC):	
	e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	tion is a:
	Corporation Corporation w/o Capital Stock Labor Organization	I
	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 proceed committee. (i.e., nonconnected committee)	arty
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint Fundraising Representative:	
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more pollocommittees/organizations, at least one of which is an authorized committee of a federal candidate.	itical
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more pol committees/organizations, none of which is an authorized committee of a federal candidate.	itical
	Committees Participating in Joint Fundraiser	
	1 C	4

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V	Vrite or Type Committee Name			. 230
		OR CONGRESS, INC.		
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Represe	entative, or Lead	dership PAC Sponsor
	PROTECT THE HOL	JSE 2024		
	Mailing Address	PO BOX 30844		
		BETHESDA	MD   208	24
		CITY ▲ ST	TATE ▲	ZIP CODE ▲
		_		_
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Re	epresentative	Leadership PAC Spons
7.	Custodian of Records: Ident books and records.	ify by name, address (phone number optional) and position of th	ne person in poss	ession of committee
	QUICK, KI	RSTEN,,,		
	Full Name			
	Mailing Address	P.O. BOX 628		
		T		
		ST. CLAIR SHORES	MI , 4808	80
		CITY ▲ ST.	TATE ▲	ZIP CODE ▲
	Title or Position ▼			
	TREASURER	Telephone number	;r	
8.	Treasurer: List the name an any designated agent (e.g., a	d address (phone number optional) of the treasurer of the coassistant treasurer).	ommittee; and the	e name and address of
	Full Name QUICK, KI	RSTEN, , ,		
	of Treasurer			
	Mailing Address	P.O. BOX 628		
		1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		ST. CLAIR SHORES	MI 480	80   -   -
		CITY ▲ ST	TATE ▲	ZIP CODE ▲
	Title or Position ▼	<u> </u>	_	3 3 <b>3 _</b>
	TREASURER	Telephone number	er	·

FEC <b>Form</b>	1 (Revised 02/2009)		Page <b>4</b>
Full Name of Designated Agent			
Mailing Addres	s		
		ATE ▲	ZIP CODE ▲
Title or Positio	n▼		
	Telephone number		
	er Depositories: List all banks or other depositories in which the committee deboxes or maintains funds.	eposits funds, ho	lds accounts, rents
Name of Bank	Depository, etc.		
	CHAIN BRIDGE BANK, N.A.		
Mailing Addres	1445A LAUGHLIN AVENUE		
	MCLEAN	VA 22101	
	CITY ▲ STA	TE A	ZIP CODE ▲
Name of Bank	Depository, etc.		
	WELLS FARGO BANK		
Mailing Addres	8302 WOODMONT AVENUE		
	BETHESDA	MD 20814	
	CITY ▲ STA	TE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
Name of Any Connector	l Organization, Affiliated Committee, Joint F	undraining Penyagantativ	e or Londovskin DAC Spans
TRANSPORTATION		unuraising nepresentativ	e, or Leadership FAC Spons
Mailing Address	502 6TH STREET		
	HUDSON	wi wi	54016
Relationship:	CITY A	STATE A	ZIP CODE ▲
	Affiliated Committee X  fy by name, address (phone number – optional	Joint Fundraising Represent	Leadership PAC Spo
			Leadership PAC Spo
Designated Agent: Identi			Leadership PAC Spo
Designated Agent: Identi			Leadership PAC Spo
Designated Agent: Identi			Leadership PAC Spo
Designated Agent: Identi	fy by name, address (phone number – optiona		Leadership PAC Spo
Designated Agent: Identi  Full Name   Mailing Address	fy by name, address (phone number – optiona	l)	
Pesignated Agent: Identic Full Name	fy by name, address (phone number – optional state of the control	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identification  Full Name	fy by name, address (phone number – optional content of the conten	STATE A Telephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). <b>Joint Fundraisi</b>	ng Farticipant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	l Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
DEI END GOIX MAG			
Mailing Address	320 FIRST ST SE		
	WASHINGTON	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecto	ed Organization Affiliated Committee X Joint fy by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC Sp
Connecte		t Fundraising Representa	Leadership PAC Sp
Connecte esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)	st Fundraising Representation	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)  CITY		
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in which naintains funds.	STATE A	ZIP CODE A
esignated Agent: Identification Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in which naintains funds.	STATE A Telephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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	ing Participant:		
1.		FEC ID number	С
2		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
-	d Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Spons
JOHN JAMES FOR	SENATE, INC.		
Mailing Address	PO BOX 161		
	ST. CLAIR SHORES	MI	48080
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Designated Agent: Ident	ify by name, address (phone number – optional)		
Designated Agent: Ident	ify by name, address (phone number – optional)		
	ify by name, address (phone number – optional)		
Full Name	ify by name, address (phone number – optional)		
Full Name	ify by name, address (phone number – optional)		
Full Name	CITY	STATE A	ZIP CODE A
Full Name   _   _    Mailing Address  TITLE OR POSITIO	CITY		ZIP CODE A
Full Name   _   _    Mailing Address  TITLE OR POSITIO	CITY A	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITIO	CITY ▲  Cories: List all banks or other depositories in whi	STATE A Telephone Number	
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositions afety deposit boxes or necessity.	CITY ▲  Cories: List all banks or other depositories in whi	STATE A Telephone Number	
Full Name Mailing Address  TITLE OR POSITIO	CITY ▲  Cories: List all banks or other depositories in white the content of the	STATE   Telephone Number  ich the committee deposit	
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite safety deposit boxes or not be safety deposited.	CITY ▲  Cories: List all banks or other depositories in white the content of the	STATE   Telephone Number  ich the committee deposit	s funds, holds accounts, rents
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositions boxes or not be safety deposit boxes or not be safety deposit boxes or not be safety depository, etc.	CITY ▲  Cories: List all banks or other depositories in white the content of the	STATE A  Telephone Number	s funds, holds accounts, rents
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositions boxes or not be safety deposit boxes or not be safety deposit boxes or not be safety depository, etc.	CITY ▲  Cories: List all banks or other depositories in white the content of the	STATE A  Telephone Number	s funds, holds accounts, rents