(Revised 06/2012)

Only

STATEMENT OF

PAGE 1 / 4 =

FEC FORM 1		OR	GANIZ	ATIO	NC													
												Offi	ce Us	e On	ly			
1. NAME OF COMMITTEE (ir	n full)		ck if name anged)		mple:If the lin		type		12I	E4	M5		_					
VIVEK 2024		1 1 1 1 1																
		PO BOX 594	34															
ADDRESS (number a	nd street)																	
(Check if a is changed																		
3	,	BIRMINGHA	М	1 1 1	1 1			l	AL	ı	I	3525	59	ı	_	l ,	ı	.
		CITY	A					,	STAT	E				ZII	- C(DDE 4	\	
COMMITTEE'S E-MA	AIL ADDRES	SS																
(Check if a			ASWAMY2024	1@GM∆II	COM													
is changed		VIVERTORIV	7.077/10/1202-	TO OWN THE														Ш
		Optional Sec	ond E-Mail A	ddress														ı
COMMITTEE'S WEB	PAGE ADD	RESS (URL)																
(Check if a is changed		WWW.VIVEK	(2024.COM	1 1 1	1 1						1 1	ı			ı	l I		
is changed	u)																	
2. DATE 04	4 / 17	202	24															
3. FEC IDENTIFIC	CATION NU	MBER >	C	C0083391	3													
	_																	
4. IS THIS STATEM	MENT	NEW (N)	OR	×	ΙA	MENDE	D (A)											
I certify that I have e	examined th	is Statement a	and to the bes	t of my l	nowled	ge and	l belief	f it is	true	, cor	rect	and	com	olete				
Type or Print Name	of Treasurer	RUTLAND,	JANNA, , ,															
Signature of Treasure	er R <u>UTL</u>	AND, JANNA, ,	,					D	ate		04	′	D 17	7 D	′ [202	24	Y
NOTE: Submission of	false, errone		lete informatior										enal	ties c	of 52	U.S.O	C. §3	0109
Office		1 3	0			ther info									— ОР	NJ →	l	
Use						Election						ı		ر ا Jisad	_	M 1		

Toll Free 800-424-9530

Local 202-694-1100

EC Form 1 (Revised 03/2022)	Page 2						
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 information below.)	e candidate						
Name of Candidate RAMASWAMY, VIVEK, , ,							
Candidate Party Affiliation REP Office Sought: House Senate X President	State						
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District						
Name of Candidate							
Party Committee:							
(d) This committee is a (National, State or subordinate) committee of the Republican,	•						
Political Action Committee (PAC):							
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connecte	d organization is a:						
Corporation Corporation w/o Capital Stock Labor O	rganization						
Membership Organization Trade Association Coopera	_						
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 committee. (i.e., nonconnected committee)	d 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 (Hybrid PA	AC).						
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 two o committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political						
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							

	FEC Form 1 (Revised 0	2/2009)	I	l Page 3
٧	Vrite or Type Committee Name			
	VIVEK 2024			
6.	Name of Any Connected O	ganization, Affiliated Committee, Joint Fundraising Repr	esentative, or Leadership Pa	AC Sponsor
	INOINE			
	Mailing Address			
]-[
		CITY A	STATE ▲ ZIP C	CODE A
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising	Representative Leader	ship PAC Sponsor
7.	Custodian of Records: Identi books and records.	y by name, address (phone number optional) and position o	of the person in possession of o	committee
	RUTLAND,	JANNA, , ,		
	Full Name			
	Mailing Address	PO BOX 59434		
		BIRMINGHAM	AL 35259	
		CITY A	STATE ▲ ZIP C	ODE A
	Title or Position ▼			
	TREASURER	Telephone num	nber	
3.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the ssistant treasurer).	committee; and the name ar	nd address of
	Full Name RUTLAND,	JANNA, , ,		
	of Treasurer	PO BOX 59434		
	Mailing Address			
		BIRMINGHAM	AL 35259	
		CITY A	STATE ▲ ZIP C	CODE A
	Title or Position ▼			
	TREASURER	Telephone num	nber	

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Full Name of Designated Agent		
Mailing Address		
	CITY ▲ STATE ▲	ZIP CODE ▲
Title or Position ▼		
	Telephone number	
	repositories: List all banks or other depositories in which the committee deposits funds, holes or maintains funds.	ds accounts, rents
Name of Bank, De	pository, etc.	
L	CHAIN BRIDGE BANK	
Mailing Address	1445-A LAUGHLIN AVENUE	
	MCLEAN VA 22101	
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, De	pository, etc.	
L		
Mailing Address		
	CITY ▲ STATE ▲	ZIP CODE ▲