Only

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) MICRON TECHNOLOGY, INC. EMPLOYEE PAC 8000 S. FEDERAL WAY MS 1-407 ADDRESS (number and street) (Check if address is changed) **BOISE** 83707 ID CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS MicronPAC@micron.com (Check if address is changed) Optional Second E-Mail Address Kayla@crosbyott.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 02 2020 C00443671 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. Glaze, Kayla, , , Type or Print Name of Treasurer Glaze, Kayla,,, [Electronically Filed] 04 2021 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

	FFC <b>Fo</b>	rm 1 (Revised 02/2009)	Page <b>2</b>				
		OMMITTEE	raye <b>z</b>				
Can	ndidate	didate 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.)					
Nam Cand	e of didate						
	didate / Affiliati	Office Sought: House Senate President	State				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name Cand	e of didate						
Par	ty Con	Committee:					
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.				
Poli	tical A	ction Committee (PAC):					
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected 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 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.)					
Join	t Fund	Iraising Representative:					
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political				
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political				
	Com	Committees Participating in Joint Fundraiser					
	1.	FEC ID number					
	2.	FEC ID number					
	3.	FEC ID number					
	4.						

Γ	_						
_	FEC Form 1 (Revised	02/2009)		Page 3			
	Write or Type Committee Name			_			
	MICRON TECH	INOLOGY, INC. EM	IPLOYEE PAG	<u> </u>			
6.	Name of Any Connected (	Organization, Affiliated Committee, Jo	int Fundraising Represent	ative, or Leadership PAC Sponsor			
<sub> </sub> N	licron Technology, In	<b>c</b> .					
_							
		8000 S. Federal Way					
	Mailing Address						
		Boise	ID	83716			
		CITY	STA	TE ZIP CODE			
	Relationship: X Connected	d Organization Affiliated Committee	Joint Fundraising Repre	esentative 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.						
	Glaze, Ka	/la, , ,					
	Full Name	,2024 Third Avenue N					
	Mailing Address	Suite 211					
		Birmingham	AL	35203			
	Title or Position	CITY	STAT	E ZIP CODE			
	Treasurer		Telephone number				
			reieprie na name				
8.	<b>Treasurer:</b> 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 Glaze, Kay	da,,,					
	Mailing Address	2024 Third Avenue N					
		Suite 211					
		Birmingham	, , , , , , , , A	_			
		CITY	STAT	E ZIP CODE			
	Title or Position Treasurer		Telephone number				

FEC <b>For</b> n	n 1 (Revised 02/2009)	Page <b>4</b>
Full Name of Designated	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , . I
Agent	1	
Mailing Address		
	CITY STATE ZIF	P CODE
Title or Position		1.1.
	Telephone number	
Name of Bank, I	Chain Bridge Bank  1445-A Laughlin Ave  McLean  VA 22101	
	CITY STATE ZI	P CODE
Name of Bank, I		
Mailing Address		
	CITY STATE ZI	P CODE