FEC FORM 1	STATEMEI ORGANIZ		PAGE 1 / 5
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5
			PAC
ADDRESS (number and street)	PO BOX 501386		
(Check if address is changed)			GA 31150 STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL ADDR	RESS		
(Check if address is changed)	JANNA@CROSBYOT		
	Optional Second E-Mail Add	dress	
COMMITTEE'S WEB PAGE A (Check if address is changed)	NDRESS (URL)		
2. DATE 05 /	11 / Y Y Y Y 2021		
3. FEC IDENTIFICATION	NUMBER ► C c	00778738	
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 i	t is true, correct and complete.
Type or Print Name of Treasu	rrer RUTLAND, JANNA, , ,		
Signature of Treasurer	TLAND, JANNA, , ,	[Electronically Filed]	Date 05 / 11 / 2021
NOTE: Submission of false, erro		may subject the person signing ON SHOULD BE REPORTED V	this Statement to the penalties of 2 U.S.C. §437g. NITHIN 10 DAYS.
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	

Image# 202105119446448809

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FEC For	m 1 (Revised 02/2009)	Page 2
TYPE OF C	OMMITTEE	
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. (Complinformation below.)	ete the candidate
Name of Candidate		
Candidate Party Affiliatio	on Office Sought: House Senate President	State District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Com	mittee:	
(d)	(National, State (D	Democratic, epublican, etc.) Part
Political A	ction Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected organization is
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f) x	This committee supports/opposes more than one Federal candidate, and is NOT a separate seg committee. (i.e., nonconnected committee)	regated fund or part
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fund	raising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
Com	nittees Participating in Joint Fundraiser	
1.		
2.	FEC ID number	
3.	FEC ID number	
4.		

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

EMPOWERING REPUBLICANS IN COMMUNITY PAC

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

	, , 		
Mailing Address	PO BOX 501386		
	ATLANTA	GA 3115	50
	CITY	STATE	ZIP CODE
7. Custodian of Rec books and records	ords: Identify by name, address (phone number optional) and position of the person ir	possession of committee
1	RUTLAND, JANNA, , ,		
Full Name			
Mailing Address	PO BOX 501386		
		GA 311	50
Title or Position	CITY	STATE	ZIP CODE
TREASURER		ephone number	- -

Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of 8. any designated agent (e.g., assistant treasurer).

Telephone number

Full Name of Treasurer	RUTLAND, JANNA, , ,
Mailing Address	PO BOX 501386
	ATLANTA
	CITY STATE ZIP CODE
Title or Position	Telephone number

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent																			1									
Mailing Address		L																										
		L																										
							CI				 									L		71		_ 				
Title or Position							CI	ΙΥ									517					ZI	P	JUL)E			
												Tele	eph	ione	e n	umt	ber											

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.

C			
Mailing Address	1445-A LAUGHLIN AVENUE		
			22101
	CITY	STATE	ZIP CODE
Name of Bank, Depo	sitory, etc.		
L			
Mailing Address			
	CITY	STATE	ZIP CODE

FFC	Form	1 S	(Revised	02/2017)
LO	I UIIII	10	(LIEVISEU	02/2017)

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

5(g) o	or (h). Joint Fundraisir	ng Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	C
	3.		FEC ID number	С
	4.		FEC ID number	С
6.	-	Organization, Affiliated Committee, Joint Fundra	aising Representativ	e, or Leadership PAC Sponsor
	Mailing Address	PO BOX 501386		
			GA	31150
	Relationship:	CITY 🔺	STATE A	ZIP CODE
	Connecte	d Organization	Fundraising Represent	ative Leadership PAC Sponso
8.		y by name, address (phone number – optional)		
	Full Name			
	Mailing Address			
	TITLE OR POSITION	▼ CITY ▲	STATE A	ZIP CODE
		Te	lephone Number	= [= [

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.																						 <u> </u>	
Mailing Address	L																						
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					С	ITY	^						S	TAT	Έ			ZIP	C	OD	E 🔺		