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) is changed) over the lines. Susan B. Anthony List Inc. Candidate Fund (dba Susan B. Anthony Pro-Life America Candidate Fund) 2776 S. Arlington Mill Dr. ADDRESS (number and street) #803 (Check if address is changed) Arlington 22206 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS igross@sbaprolife.org (Check if address is changed) Optional Second\_E-Mail Address compliance@sbaprolife.org COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2023 C00332296 FEC IDENTIFICATION NUMBER 3. 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. Gross, Jennifer, , , Type or Print Name of Treasurer Gross, Jennifer, , , [Electronically Filed] 02 2023 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. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FEC	Form 1	1 (Revised 03/2022)	Page 2					
. T	YPE O	OF COMMITTEE:						
С	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 information below.)	ne candidate					
	Name Candid							
	Candid Party A	date Office House Senate President	State District					
(C	c) This committee supports/opposes only one candidate, and is NOT an authorized committee.							
	Namo Cand	ne of didate						
P	Party Committee:							
(d	)	This committee is a (National, State or subordinate) committee of the Republicar	c, ı, etc.) Party					
P	Political Action Committee (PAC):							
(е	) <b>x</b>	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	ed organization is a:					
		Corporation Corporation w/o Capital Stock Labor C	Organization					
		<ul> <li>Membership Organization</li> <li>Trade Association</li> <li>Cooper</li> </ul>						
✗ 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 function committee. (i.e., nonconnected committee)								
		In addition, this committee is a Lobbyist/Registrant PAC.						
(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 PAC).							
	In addition, this committee is a Lobbyist/Registrant PAC.							
J	oint F	Fundraising Representative:						
(i)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political							
(j)		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					
	Comr	mittees Participating in Joint Fundraiser						
	1	C						

	FEC Form 1 (Revised 0	2/2009)	Page <b>3</b>				
W	Irite or Type Committee Name						
	Susan B. Anthony List	Inc. Candidate Fund (dba Susan B. Anthony Pro-Life America Ca	andidate Fund)				
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC S							
Susan B. Anthony List, Inc. (dba Susan B. Anthony Pro-Life America)							
	Mailing Address	2776 S. Arlington Mill Dr.					
		# 803					
		Arlington VA 22206					
		CITY ▲ STATE ▲	ZIP CODE ▲				
	Relationship: X Connected	Organization	Leadership PAC Sponsor				
	_						
7.	Custodian of Records: Identi	fy by name, address (phone number optional) and position of the person in possessi	on of committee				
	Gross, Jenr	nifer, , ,					
	Full Name						
	Mailing Address	2776 S Arlington Mill Dr.	1				
	· ·	# 803					
		Arlington					
		7.1111gUii					
		CITY ▲ STATE ▲	ZIP CODE ▲				
	Title or Position ▼						
	Treasurer		223 - 8073				
3.		reasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of my designated agent (e.g., assistant treasurer).					
	Full Name Gross, Jenr	1					
	of Treasurer						
	Mailing Address	2776 S Arlington Mill Dr.					
		# 803					
		Arlington VA 22206					
		CITY ▲ STATE ▲	ZIP CODE ▲				
	Title or Position ▼						
	Treasurer	Telephone number	223 - 8073				

	FEC Form 1	(Revised 02/2009)		Page <b>4</b>			
	II Name of esignated	(101000 02/2000)					
	gent						
Ma	ailing Address						
Titl	tle or Position	CITY A	STATE ▲	ZIP CODE ▲			
		Telephone	number				
		<b>Depositories:</b> List all banks or other depositories in which the commes or maintains funds.	nittee deposits f	funds, holds accounts, rents			
Na	Name of Bank, Depository, etc.						
		Chain Bridge Bank					
Ма	ailing Address	1445A Laughlin Ave					
		McLean	VA	22101			
		CITY ▲	STATE ▲	ZIP CODE ▲			
Name of Bank, Depository, etc.							
Ма	ailing Address						
		CITY A	STATE ▲	ZIP CODE ▲			