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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) is changed) over the lines. SANDS FOR SENATE PO BOX 948 ADDRESS (number and street) (Check if address is changed) **HARRISBURG** 17108 PΑ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS JANNA@CROSBYOTT.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 02 2021 C00783530 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. RUTLAND, JANNA, , , Type or Print Name of Treasurer RUTLAND, JANNA, , , [Electronically Filed] 07 02 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 Only Local 202-694-1100

FEC Form 1 (Revised 02/2009)	Page 2
TYPE OF COMMITTEE	
Candidate Committee: (a) This committee is a principal campaign committee. (Complete the candidate information by	relow)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. information below.) Name of Candidate SANDS, CARLA, H, ,	,
Candidate Party Affiliation REP Sought: House Senate Preside	State PA District 00
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee	ee.
Name of Candidate	
Party Committee:	(Domogratio
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) I	ts connected 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 separ-committee. (i.e., nonconnected committee)	ate segregated 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.)	
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds committees/organizations, at least one of which is an authorized committee of a federal candidate.	
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds committees/organizations, none of which is an authorized committee of a federal candidate.	for two or more political
Committees Participating in Joint Fundraiser	
1. FEC ID number	
2. FEC ID number	
3.	
4.	

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Write or Type Committee Nan	ne	
SANDS FOR S	SENATE	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	ip PAC Sponsor
NONE		
Mailing Address		
	CITY STATE Z	ZIP CODE
Relationship: Connect	ed Organization Affiliated Committee Joint Fundraising Representative Lead	dership PAC Sponsor
. Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the person in poss	ession of committee
	ID, JANNA, , ,	1
Full Name	PO BOX 948	
Mailing Address		
	HARRISBURG , PA , 17108	
	HARRISBURG	
Title or Position	CITY STATE Z	IP CODE
TREASURER	Telephone number	
Treasurer: List the name a any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	e and address of
Full Name RUTLAN of Treasurer	D, JANNA, , ,	
Mailing Address	PO BOX 948	
	HARRISBURG PA 17108	
Title or Position	CITY STATE Z	IP CODE
TREASURER	Telephone number	

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Full Name of				
Designated Agent				
Mailing Address				
		I		
				710.0005
Title or Position		CITY	STATE	ZIP CODE
1	1 1 1 1	Telephone n	umber	I I-I
		Telephone no	umber	
Banks or Other	Depositorie	es: List all banks or other depositories in which the comm	nittee deposits funds, h	nolds accounts, rents
safety deposit bo				
Name of Bank, I	Depository, e	tc.		
	CHAIN	BRIDGE BANK		
Mailing Address		1445-A LAUGHLIN AVENUE		
		MCLEAN	VA 2210)1
)1
				ZIP CODE
Name of Bank, I	Depository, e	MCLEAN	VA 2210	
Name of Bank, I	Depository, e	MCLEAN	VA 2210	
Name of Bank, I		MCLEAN	VA 2210 STATE	ZIP CODE
Name of Bank, I		MCLEAN CITY	VA 2210 STATE	ZIP CODE
		MCLEAN CITY	VA 2210 STATE	ZIP CODE
		MCLEAN CITY	VA 2210 STATE	ZIP CODE