Image# 202405079645479918				05/07/2024 17 . 05
FEC FORM 1	STATEME ORGANIZ	-		PAGE 1 / 13 🗕
				Office Use Only
I. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
JOHN JAMES FOR	R CONGRESS, IN	IC.		
ADDRESS (number and street)	P.O. BOX 628			
(Check if address is changed)				
lo onangoa)	ST. CLAIR SHORES		MI 4	18080
	CITY ▲		STATE ▲	ZIP CODE▲
COMMITTEE'S E-MAIL ADDRE	SS			
(Check if address is changed)	KIRSTEN@CROSBYOTT.			
	Optional Second E-Mail Ad	ldress		
(Check if address is changed)				
2. DATE 05 0				
		00802502		
B. FEC IDENTIFICATION N	UMBER ► C C	:00803502		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
			· · · · ·	
certify that I have examined th	is Statement and to the best	t of my knowledge and belie	i it is true, correct a	na complete.
ype or Print Name of Treasure	r QUICK, KIRSTEN, , ,			
Signature of Treasurer QUIC	CK, KIRSTEN, , ,		Date 05	/ D D / Y Y Y 07 2024
NOTE: Submission of false, erron		may subject the person signir	-	ne penalties of 52 U.S.C. §30
Office		For further information	n contact:	FEC FORM 1
Use Only		Federal Election Comm Toll Free 800-424-9530 Local 202-694-1100	ເວລາປີໄ	(Revised 06/2012)

05/07/2024 17:05

FEC Form 1 (Revised 03/2022) Page 2 TYPE OF COMMITTEE: 5. Candidate Committee: This committee is a principal campaign committee. (Complete the candidate information below.) (a) X This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate (b) information below.) Name of JAMES, JOHN, , , Candidate State MI Candidate Office REP House Senate President Party Affiliation Sought: District 10 (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (National, State (Democratic, (d) This committee is a or subordinate) committee of the Republican, etc.) Party **Political Action Committee (PAC):** This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a: (e) Corporation w/o Capital Stock Labor Organization Corporation 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 or party 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.) (g) This committee is an independent expenditure-only political committee (Super 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.

Joint Fundraising Representative:

(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
 (j) 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.
 (j) Committees Participating in Joint Fundraiser
 1. Committees Participating in Joint Fundraiser
 2. Committee Committees

FEC Form 1 (Revised 02/2009)	Page 3
Write or Type Committee Name	
JOHN JAMES FOR CONGRESS, INC.	

6.	Name of Any Connected Or	ganization, Affiliated	Comm	ittee,	Joi	nt F	undr	aisin	g R	epre	sent	ativ	e, o	r Le	ade	rship	PAC	; Sp	ons	or
	Mailing Address	P.O. BOX 628																	<u> </u>	
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		ST. CLAIR SHORES									M			4	808C)		- [_		
			CITY	′▲							STA	E 4				ZIF	oo v	DE 4		
	Relationship: Connected	Organization Affilia	ited Org	anizat	ion	×	Joi	nt Fui	ndrai	sing	Rep	rese	ntati	/e		Lea	dershi	ip PA	AC S	Sponso

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

QUICK, KI	RSTEN, , ,				
Full Name					
Mailing Address	P.O. BOX 628				
	ST. CLAIR SHORES			MI 48080	
	(CITY 🔺		STATE 🔺	ZIP CODE
Title or Position ▼					
			Telephone nur	nber	

8. **Treasurer:** 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 of Treasurer	QUICK, KIRSTEN, , ,		
Mailing Address	P.O. BOX 628		
	ST. CLAIR SHORES	MI 48080	
		STATE A	ZIP CODE
Title or Position	•		
	Tele	ephone number	

FEC Form 1 (Revised 02	2/2	009	9)																			Pag	je 4	۱		
Full Name of Designated Agent																									1	
Mailing Address																										
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Title or Position ▼																										
										Tele	eph	one	e n	uml	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.

	CHAIN BRIDGE BANK, N.A.		
Mailing Address			
		VA 22101	
	CITY A	STATE A	ZIP CODE
Name of Bank, De	epository, etc. WELLS FARGO BANK		
Mailing Address			
		MD 20814	
	CITY 🔺	STATE A	ZIP CODE

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

or (h). Joint Fundra	ising Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
Name of Any Connect	ted Organization, Affiliated Committee, Joint Fund	raising Representativ	e, or Leadership PAC Sponsor
SCOTT FRANKLI			
Mailing Address	P.O. BOX 2811		
			33806
Relationship:	CITY A	STATE A	ZIP CODE
	ntify by name, address (phone number – optional)		
Designated Agent: Ide	ntify by name, address (phone number - optional)		
	ntify by name, address (phone number - optional)		
Full Name	ntify by name, address (phone number - optional)		
Full Name	ntify by name, address (phone number - optional)		
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Full Name Mailing Address TITLE OR POSITI Banks or Other Depos safety deposit boxes or Name of Bank, MID Depository, etc.	Image: site of the state	elephone Number	

CITY

STATE **A**

ZIP CODE

5(g) or	r(h). Joint Fundraising	g Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	С
	3.		FEC ID number	C
_	4.		FEC ID number	С
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representative	, or Leadership PAC Sponsor
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	Mailing Address	PO BOX 30844		
	Maining Audress			
		BETHESDA		20824
	Relationship:		STATE ▲	
	Connected	Organization Affiliated Committee X Joint	Fundraising Representa	tive Leadership PAC Sponsor
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- 8. I	Designated Agent: Identify	by name, address (phone number - optional)		
- 8. [Designated Agent: Identify	by name, address (phone number - optional)		
- 8. I		by name, address (phone number – optional)		
- 8. [Full Name	by name, address (phone number - optional)		
- 8. [Full Name	by name, address (phone number - optional)		
- 8. [Full Name			
- 8. [Full Name		1	
- 8. [Full Name		I I I I I I I I I I I I I I I I I I I	
9. I	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or ma		lephone Number	
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	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or ma Name of Bank, CAPITA Depository, etc.		lephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or ma Name of Bank, CAPITA	CITY CITY Te ties: List all banks or other depositories in which the tensor other depositories in which tensor other depositories in tensor other depo	lephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or ma Name of Bank, CAPITA Depository, etc.	CITY A CITY A Te Ties: List all banks or other depositories in which f intains funds. LBANK 10700 PARKRIDGE BLVD	lephone Number	

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

	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
	d Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
Mailing Address	502 6TH STREET		
Maining Address			
			<u> </u>
Relationship:		STATE A	ZIP CODE
Connecte	ed Organization Affiliated Committee X Joint	Fundraising Represent	ative Leadership PAC Sponso
Full Name	fy by name, address (phone number – optional)		
Mailing Address			
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	CITY ▲	STATE A	
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Banks or Other Deposit	ories: List all banks or other depositories in which t	lephone Number	s funds, holds accounts, rents
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Banks or Other Deposit safety deposit boxes or m Name of Bank, _ CLAS	ories: List all banks or other depositories in which t naintains funds.	lephone Number	s funds, holds accounts, rents
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CITY

STATE **A**

ZIP CODE

or (h). Joint Fundraising	Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
Name of Any Connected C	rganization, Affiliated Committee, Joint Fundrai	sing Representativ	e, or Leadership PAC Sponsor
Mailing Address	PO BOX 30844		
		MD	
Relationship:	CITY A	STATE A	
Connected	Organization 🗌 Affiliated Committee 🛛 🗙 Joint F	undraising Represent	ative
Full Name			
Mailing Address			
TITLE OR POSITION	CITY A	STATE A	ZIP CODE
	Tele	phone Number	
		-	
Banks or Other Depositori	es: List all banks or other depositories in which th	e committee denosi	te funde holde accounte rente
safety deposit boxes or mair			
Name of Bank, Depository, etc.			
Mailing Address			
		STATE A	ZIP CODE

5(g) or (h). Joint Fundraising	Participant:					
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	2.			FEC I	D number	С	
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	SCALISE LEADERSH	-		-	-		
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L							
	Mailing Address	320 1ST ST SE					
		WASHINGTON		1		20003	
	Relationship:		CITY A		STATE A	Z	IP CODE
	Connected	Organization	Affiliated Committee	🗙 Joint Fundraisir	ng Representa	tive Lead	dership PAC Sponsor
8. De :	signated Agent: Identify	by name, address	(phone number – optio	nal)			
	Full Name						
	Full Name	<u> </u>				<u> </u>	
	Full Name						
	Full Name		(prene namesi ⊂ opre				· · · · · · · · · · · · · · · · · · ·
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	-	Organization, Affiliated Committee, Joint Fundra	aising Representative	, or Leadership PAC Sponsor
G		Y 		
	Mailing Address	228 S WASHINGTON ST STE 115		
				22314
	Relationship:	CITY 🔺	STATE A	ZIP CODE
	Connected	Organization Affiliated Committee X Joint	Fundraising Representa	tive Leadership PAC Sponsor
8. Desi	ignated Agent: Identify	by name, address (phone number - optional)		
	i gnated Agent: Identify	by name, address (phone number – optional)		
F		by name, address (phone number – optional)		
F	Full Name	by name, address (phone number – optional)		
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r	Full Name			
r	Full Name		I I I I I I I I I I I I I I I I I I I	
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	3.		FEC	ID number	С
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6. N	Name of Any Connected	Drganization, Affiliated Committee, J	oint Fundraising F	Representative	, or Leadership PAC Sponsor
	EMMER MAJORITY E	UILDERS			
	Mailing Address	824 S. MILLEDGE AVE. STE. 101			
				GA	30605
	Relationship:	CITY A		STATE A	ZIP CODE 🔺
	Connected	Organization Affiliated Committee	X Joint Fundrais	sing Representa	tive Leadership PAC Sponsor
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	Mailing Address	502 6TH STREET	
			WI 54016
	Relationship:		STATE ▲ ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint	Fundraising Representative Leadership PAC Sponsor
8. De	Full Name	by name, address (phone number – optional)	
	Mailing Address		
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L				
	Mailing Address	502 6TH STREET		
		HUDSON	WI	54016
	Relationship:	CITY A	STATE A	ZIP CODE
	Connected	Organization Affiliated Committee X Joint	Fundraising Representa	tive Leadership PAC Sponsor
8. De s	signated Agent: Identify	by name, address (phone number - optional)		
8. De s	signated Agent: Identify Full Name	by name, address (phone number - optional)		
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9. Ba i safe Nat	Full Name Mailing Address TITLE OR POSITION Inks or Other Depositori fety deposit boxes or main me of Bank, pository, etc.		lephone Number	