Only

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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. STRONG LEADERS FUND 1900 CAMPUS COMMONS DR ADDRESS (number and street) SUITE 100 (Check if address is changed) **RESTON** 20191 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS TAYLOR@CROSBYOTT.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 03 2023 C00812685 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. REED, TAYLOR, , , Type or Print Name of Treasurer REED, TAYLOR, , , [Electronically Filed] 01 03 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

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TYPE OF COMMITTEE:					
Candidate Committee:					
(a) This committee is a principal campaign committee. (Cor	nplete the candidate information below.)				
(b) This committee is an authorized committee, and is NOT information below.)	a principal campaign committee. (Complete the candidate				
Name of Candidate					
Candidate Office Party Affiliation Sought: House	State President District				
(c) This committee supports/opposes only one candidate, a	nd is NOT an authorized committee.				
Name of Candidate					
Party Committee:					
(d) This committee is a (National, State or subordinate) co	(Democratic, Republican, etc.) Party				
Political Action Committee (PAC):					
(e) This committee is a separate segregated fund. (Identify	connected organization on line 6.) Its connected organization is a				
Corporation Corpora	tion w/o Capital Stock Labor Organization				
Membership Organization Trade A	ssociation Cooperative				
In addition, this committee is a Lobbyist/Regis	trant PAC.				
(f) This committee supports/opposes more than one Feder committee. (i.e., nonconnected committee)	al candidate, and is NOT a separate segregated fund or party				
In addition, this committee is a Lobbyist/Regis	trant PAC.				
In addition, this committee is a Leadership PA	.C. (Identify sponsor on line 6.)				
(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 contrib	oution and non-contribution accounts (Hybrid PAC).				
In addition, this committee is a Lobbyist/Regis	trant PAC.				
Joint Fundraising Representative:					
(1)	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.				
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.					
Committees Participating in Joint Fundraiser					
1.	C				

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٧	Vrite or Type Committee Nam	ADERS FUND			
6.	Name of Any Connected	Organization, Affiliated Committee, Join	t Fundraising Representative, or L	eadership PAC Sponsor	
	NONE				
	Mailing Address				
		CITY ▲	STATE ▲	ZIP CODE ▲	
	Relationship: Connecte	ed Organization Affiliated Organization	Joint Fundraising Representative	Leadership PAC Sponso	
7.	Custodian of Records: Ide books and records.	ntify by name, address (phone number op	tional) and position of the person in po	ossession of committee	
	REED, T.	AYLOR, , ,			
	Full Name				
	Mailing Address	1900 CAMPUS COMMONS DR			
		SUITE 100			
		RESTON	VA 2	20191	
		CITY ▲	STATE ▲	ZIP CODE ▲	
	Title or Position ▼				
	TREASURER		Telephone number	-	
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).				
		AYLOR, , ,			
	of Treasurer				
	Mailing Address	1900 CAMPUS COMMONS DR			
		SUITE 100			
		RESTON	VA 2	20191	
		CITY ▲	STATE ▲	ZIP CODE ▲	
	Title or Position ▼				
	TREASURER		Telephone number]- [

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Full Name of Designated Agent						
Mailing Address						
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲			
		Telephone number				
Banks or Other Depositori safety deposit boxes or main	es: List all banks or other depositories in which tains funds.	ch the committee deposits fund	s, holds accounts, rents			
Name of Bank, Depository,	etc.					
CHAIN BRIDGE BANK, NA						
Mailing Address	1445-A LAUGHLIN AVENUE					
	MCLEAN	VA :	22101			
	CITY ▲	STATE ▲	ZIP CODE ▲			
Name of Bank, Depository, etc.						
Mailing Address						
	CITY ▲	STATE ▲	ZIP CODE ▲			

: 97 A = G7 9 @ G5 B9 CI G'H9 LHF9 @ 5 H98 'HC' 5 F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F1A Transaction ID:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Form/Schedule: Transaction ID: