Only

PAGE 1 / 12 ·

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. GREAT AMERICA COMMITTEE PO BOX 28022 ADDRESS (number and street) (Check if address is changed) WASHINGTON 20038 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS COMPLIANCE@RIGHTSIDECOMPLIANCE.COM (Check if address is changed) Optional Second E-Mail Address JOANNE@RIGHTSIDECOMPLIANCE.COM COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 30 2019 C00640664 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. HOBBS, CABELL, , , Type or Print Name of Treasurer HOBBS, CABELL, , , [Electronically Filed] 12 18 2019 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

Local 202-694-1100

EEC	Form 1 (Revised 02/2009)	Page 2
	F COMMITTEE	1 aye 2
Candid	late 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. (Com information below.)	plete the candidate
Name of Candida		
Candida Party Af		State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candida	e [
Party (Committee:	
(d)		(Democratic, Republican, etc.) Party
Politica	al Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected 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)	This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	egregated 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 F	undraising 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.	vo 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.	o or more political
C	committees Participating in Joint Fundraiser	
1	. C	
2	. FEC ID number	
3	. FEC ID number	
4	_ FEC ID number	

FEC Form 1 (Revised 02/2009)	Page 3
Write or Type Committee Name	. ago o
GREAT AMERICA COMMITTEE	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	nip PAC Sponsor
MICHAEL, R., PENCE,	
1 OBSERVATORY CIRCLE, NW	
Mailing Address	
WARRINGTON DO 20000	
WASHINGTON DC 20008	
CITY STATE :	ZIP CODE
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative x Lear	dership PAC Sponsor
 Custodian of Records: Identify by name, address (phone number optional) and position of the person in possibooks and records. 	session of committee
HOBBS, CABELL, , ,	
Full Name	
Mailing Address	
MCLEAN VA 22101	
Title or Position CITY STATE 2	ZIP CODE
TREASURER Telephone number 202 3	345 1213
 Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name any designated agent (e.g., assistant treasurer). 	ne and address of
Full Name HOBBS, CABELL, , ,	1
of Treasurer	
Mailing Address	
#515	
MCLEAN VA 22101 CITY STATE Z	ZIP CODE
Title or Position	345 - 1213

FEC Fo				
Full Name of Designated	PARKER, JO)ANNE, , ,		
Agent Mailing Address	s	1390 CHAIN BRIDGE ROAD		
J		#515 		
	l	MCLEAN	VA 2210°	
Title or Position ASSISTANT T		CITY Telep	STATE shone number $\begin{bmatrix} 202 \\ $	ZIP CODE 345 - 1213
Banks or Othe safety deposit I	er Depositories	List all banks or other depositories in which the	e committee deposits funds, ho	olds accounts, rents
	ooxes or mainta	ins funds.		
Name of Bank,				
	Depository, etc			
	Depository, etc			
Name of Bank,	Depository, etc	BRIDGE BANK, NA		
Name of Bank,	Depository, etc	BRIDGE BANK, NA	VA 2210	
Name of Bank,	Depository, etc	BRIDGE BANK, NA 1445A LAUGHLIN AVE	VA 2210° STATE	ZIP CODE
Name of Bank,	CHAIN E	BRIDGE BANK, NA 1445A LAUGHLIN AVE MCLEAN CITY		
Name of Bank, Mailing Addres	CHAIN E	BRIDGE BANK, NA 1445A LAUGHLIN AVE MCLEAN CITY		
Name of Bank, Mailing Addres	Depository, etc	BRIDGE BANK, NA 1445A LAUGHLIN AVE MCLEAN CITY		
Name of Bank, Mailing Address Name of Bank,	Depository, etc	BRIDGE BANK, NA 1445A LAUGHLIN AVE MCLEAN CITY	STATE	ZIP CODE
Name of Bank, Mailing Address Name of Bank,	Depository, etc	BRIDGE BANK, NA 1445A LAUGHLIN AVE MCLEAN CITY		ZIP CODE

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

Page ____ **of** ______

1.	5(g) o	r(h). Joint Fundraisin	g Participant:		
3. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor PROTECT THE HOUSE Mailing Address PO BOX 30844 BETHESDA Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee ★ Joint Fundraising Representative Leadership PAC Sponsor PO BOX 30844 BETHESDA Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Tolephone Number — optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number — Telephone Number — optional State of 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, FIRST FINANCIAL BANK Depository, etc. 125 RRO STREET 125 R		1		FEC ID number	C
A. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor PROTECT THE HOUSE Mailing Address PO BOX 30844 Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor PAC Sponsor Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address Title OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number Title OR POSITION ▼ Telephone Number Designated Agent: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, FIRST FINANCIAL BANK Depository, etc. Mailing Address 123 3RD STREET		2		FEC ID number	C
Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor PROTECT THE HOUSE Mailing Address		3.		FEC ID number	C
PROTECT THE HOUSE Mailing Address PO BOX 30844 BETHESDA BETHESDA CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor Belationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number				FEC ID number	C
Mailing Address PO BOX 30844 BETHESDA CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee X Joint Fundraising Representative Leadership PAC Sponsor Bethesda Connected Organization Affiliated Committee X Joint Fundraising Representative Leadership PAC Sponsor Till Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number	S.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundrai	sing Representative	e, or Leadership PAC Sponsor
BETHESDA Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor Besignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number		PROTECT THE H	IOUSE		1 1 1 1 1 1 1 1 1 1 1
BETHESDA Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor Besignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number					
Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee X Joint Fundraising Representative Leadership PAC Sponsor Besignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Title OR POSITION ▼ Telephone Number Telephone Number 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. Mailing Address COLUMBUS 125 3RD STREET COLUMBUS IN 47201 47201 47201 172		Mailing Address	PO BOX 30844		
Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee X Joint Fundraising Representative Leadership PAC Sponsor Besignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Title OR POSITION ▼ Telephone Number Telephone Number 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. Mailing Address COLUMBUS 125 3RD STREET COLUMBUS IN 47201 47201 47201 172					
Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor 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, FIRST FINANCIAL BANK Depository, etc. Mailing Address Joint Fundraising Representative Leadership PAC Sponsor Telephone Number Telephone Authorite deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, FIRST FINANCIAL BANK Depository, etc. Mailing Address			BETHESDA	MD MD	20824
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. Mailing Address 125 3RD STREET		Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number		Connected	1 Organization Affiliated Committee X Joint F	undraising Representa	ative Leadership PAC Sponsor
TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number	-				
TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number Telephone Numbe	3.		by name, address (phone number – optional)		
TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number Telephone Numbe	3.	Full Name	by name, address (phone number – optional)		
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. Mailing Address 125 3RD STREET COLUMBUS IN 47201	3.	Full Name	by name, address (phone number – optional)		
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. Mailing Address 125 3RD STREET	3.	Full Name			
safety deposit boxes or maintains funds. Name of Bank, Depository, etc. Mailing Address COLUMBUS IN 47201	3.	Full Name	CITY A		
	3.	Full Name	CITY A	STATE ▲	
	-).	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositors afety deposit boxes or main the same of Bank, Depository, etc.	Tele ries: List all banks or other depositories in which the intains funds. FINANCIAL BANK 125 3RD STREET	STATE A	ZIP CODE S funds, holds accounts, rents

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

Page ____ **of** ______

1.		FEC ID number	C
		FEC ID number	С
2.		FEC ID number	C
3.			
4.		FEC ID number	C
lame of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	or Leadership PAC Spons
	URI VICTORY COMMITTEE	anomy rioprocessians	, o. <u></u>
Mailing Address	PO BOX 9891		
Walling Address			
	ARIMOTOM		00040
	ARLINGTON	VA	22219
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Full Name	fy by name, address (phone number – optional)		
Mailing Address			
Mailing Address			
Mailing Address			
	CITY A	STATE A	ZIP CODE A
Mailing Address TITLE OR POSITION		STATE A	ZIP CODE A

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

Page _____ **of** ______

h). Joint Fundraisi			I 550 I	D	C
1.				D number	
2.			FEC I	D number	С
3.			FEC I	D number	C
4			FEC	D number	C
		iliated Committee, Join	t Fundraising Re	epresentativ	e, or Leadership PAC Spon
GREG PENCE V	ICTORY				
Mailing Address	PO BOX 275				
				1 1 1 1	
	TAYLORSVILL	E		L IN ⊥	47280
Relationship:		CITY A		STATE A	ZIP CODE ▲
Connecte	d Organization	Affiliated Committee	X Joint Fundraisin	ng Represent	ative Leadership PAC S
		Affiliated Committee		ng Represent	ative Leadership PAC S
				ng Represent	ative Leadership PAC S
esignated Agent: Identif				ng Represent	ative Leadership PAC S
esignated Agent: Identif				ng Represent	ative Leadership PAC S
esignated Agent: Identif	y by name, addres	s (phone number – optic	onal)		
esignated Agent: Identif	y by name, addres	s (phone number – optio	onal)	STATE A	
esignated Agent: Identif	y by name, addres	s (phone number – optic	onal)	STATE A	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or m	y by name, addres	city A	Telephone I	STATE A	
esignated Agent: Identification of the Full Name TITLE OR POSITION anks or Other Depositor	y by name, addres	city A	Telephone I	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	y by name, addres	city A	Telephone I	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	y by name, addres	city A	Telephone I	STATE A	ZIP CODE A

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

Page ____ **of** ______

h). Joint Fundraisi			
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	l Organization, Affiliated Committee, Joint Fun	draising Representativ	e, or Leadership PAC Spon
MAJORITY VICT	ORY PROGRAM		
<u> </u>			
Mailing Address	PO BOX 9891		
	ARLINGTON	VA I	22219
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	ed Organization Affiliated Committee Journal Journal Journal Affiliated Committee	int Fundraising Represent	tative Leadership PAC Sp
esignated Agent: Identi		int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	int Fundraising Represent	
esignated Agent: Identing Full Name	fy by name, address (phone number – optional) CITY		
esignated Agent: Identing Full Name	fy by name, address (phone number – optional) CITY	STATE A	
esignated Agent: Identii Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or market	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE Telephone Number	ZIP CODE A
esignated Agent: Identii Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE Telephone Number	ZIP CODE A

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

1.					FEC ID nu	ımber	С			
2					FEC ID nu	ımber	C			
3					FEC ID nu	ımber	C			
4					FEC ID nu	ımber	С			
	of Any Connected		iated Committee, J	oint Fundrai	sing Repres	entative	e, or Lead	dership	PAC S	Sponsor
Ma	ailing Address	PO BOX 60148								
		WASHINGTON				DC	2003	39 		
	1		CITY A		ST	ATE 🛦		ZIP	CODE	A
			Affiliated Committee		undraising Re	presenta	ative	Leade	rship PA	AC Spons
Designa Full	Connected ated Agent: Identify Name				Fundraising Re	presenta	itive	Leade	rship P/	AC Spons
Designa Full	Connected		Affiliated Committee		Fundraising Re	presenta	ttive	Leade	rship PA	AC Spons
Designa Full	Connected ated Agent: Identify Name		Affiliated Committee		Fundraising Re	presenta	ttive	Leade	rship P/	AC Spons
Designa Full	Connected ated Agent: Identify Name		Affiliated Committee (phone number – c				ttive			
Designa Full Maili	Connected ated Agent: Identify Name	by name, address	Affiliated Committee			presenta	ttive		rship P/	

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

Page ____ **of** _____

(h). Joint Fundraisi	ig Participant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4		FEC ID number	C
Name of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
Mailing Address	PO BOX 341027		
	AUSTIN	TX	78734
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte		t Fundraising Represent	ative Leadership PAC Spo
Connecte	d Organization Affiliated Committee	t Fundraising Represent	ative Leadership PAC Spo
Connecte Designated Agent: Identif	d Organization Affiliated Committee	t Fundraising Represent	ative Leadership PAC Spo
Connecte Designated Agent: Identif	d Organization Affiliated Committee	t Fundraising Represent	ative Leadership PAC Spo
Connecte Designated Agent: Identif	d Organization Affiliated Committee	t Fundraising Represent	ative Leadership PAC Spo
Connecte Designated Agent: Identif	d Organization Affiliated Committee Join y by name, address (phone number – optional)	t Fundraising Represent	Leadership PAC Spo
Connecte Designated Agent: Identification Full Name Mailing Address	d Organization Affiliated Committee Join y by name, address (phone number – optional) CITY		
Connecte Designated Agent: Identification Full Name Mailing Address TITLE OR POSITION	Affiliated Committee y by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
Connecte Designated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite Safety deposit boxes or make the safety deposit boxes or make the safety depository, etc.	Affiliated Committee y by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A

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

FEC Form 1S (Revised 02/2017)

Page ____ **of** _____

n). Joint Fundraising			_			
1.				FEC ID num		
2.				FEC ID num	ber C	<u> </u>
3.				FEC ID num	ber C	
4.				FEC ID num	ber C	
ame of Any Connected (iated Committee,	Joint Fundra	ising Represer	tative, or	r Leadership PAC Spor
GREAT IOWA FU	ND 					
Mailing Address	PO BOX 341027					
	AUSTIN			т Т	x	78734
Relationship:		CITY A		STA	E	ZIP CODE ▲
	Organization	Affiliated Committee	✗ Joint F	Fundraising Repr	esentative	Leadership PAC S
Connected esignated Agent: Identify				Fundraising Repr	esentative	Leadership PAC S
Connected				Fundraising Repr	esentative	Leadership PAC S
Connected esignated Agent: Identify				Fundraising Repr	esentative	Leadership PAC S
Connected esignated Agent: Identify Full Name				Fundraising Repr	esentative	Leadership PAC S
Connected esignated Agent: Identify Full Name	by name, address		optional)			Leadership PAC S
Connected esignated Agent: Identify Full Name	by name, address	(phone number –	optional)			
connected esignated Agent: Identify Full Name Mailing Address	by name, address	(phone number –	optional)			
Connected esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or mail	by name, address	city 🛦	optional)	STATE ephone Number		ZIP CODE A
connected esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or mail	by name, address	city 🛦	optional)	STATE ephone Number		ZIP CODE A
Connected esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or mail	by name, address	city 🛦	optional)	STATE ephone Number		ZIP CODE A
connected esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or mail ame of Bank, epository, etc.	by name, address	city 🛦	optional)	STATE ephone Number		ZIP CODE A

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

FEC Form 1S (Revised 02/2017)

Page ____ **of** _____

5(a)	or(h). Joint Fundraising	a Participant:		
~ (g)	1.	,	FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	С
	4.			
6.	Name of Any Connected GREAT NEW YOR	Organization, Affiliated Committee, Joint Fund	lraising Representativ	e, or Leadership PAC Sponsor
	Mailing Address	PO BOX 341027		
		AUSTIN	TX	78734
	Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	Connected	Organization Affiliated Committee X Join	nt Fundraising Represent	ative Leadership PAC Sponsor
8.		by name, address (phone number - optional)		
8.	Full Name	by name, address (phone number – optional)		
8.		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	CITY	STATE A	ZIP CODE A
8.	Full Name	CITY A	STATE A	ZIP CODE A
8. 9.	Full Name	CITY A ies: List all banks or other depositories in which	elephone Number	
	Full Name	CITY A ies: List all banks or other depositories in which	elephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank,	CITY A ies: List all banks or other depositories in which	elephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.	CITY A ies: List all banks or other depositories in which	elephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.	CITY A ies: List all banks or other depositories in which	elephone Number	