NOTIFICATION OF MULTICANDIDATE STATUS

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(See reverse side for instructions)

| This form | should be | filed after the | Committee | qualifies as a | multicandidate | committee. |
|-----------|-----------|-----------------|-----------|----------------|----------------|------------|
| | | | | | | |

| 1. (a) N | AME OF C | OMMITTEE IN FULL | | | 7 | | | | | | |
|--|----------------------------|---|---|---|---------------------|---|-----------------|--|--|--|--|
| S | Senate | Eagle PAC | | | | | | | | | |
| (b) Number and Street Address 4515 Harding Pike Ste 110 (c) City, State and ZIP Code | | | | | | 2. FEC IDENTIFICATION NUMBER C00719971 3. TYPE OF COMMITTEE (check one) | | | | | |
| N | lashville | | TN | 37205 | STATE PARTY TOTHER | | | | | | |
| certif | y that c | one of the following situation | ns is correct (co | mplete line 4 or 5): | | | | | | | |
| 0 | | S BY AFFILIATION: The co and simun with: | | | | | | | | | |
| C | commit | tee Name: | | | | | | | | | |
| F | FEC Identification Number: | | | | | | | | | | |
| 5. S | | | | | | | | | | | |
| (1 | - | ndidates: The committee how (ONLY State party comm | State/Dis | | Date | | | | | | |
| | (i) | McConnell, Mitch, , , | | 200015 | 107 | | 11/01/0010 | | | | |
| | | | | Senate | KY | 00 | 11/21/2019 | | | | |
| | (ii) | Trump, Donald, , , | | Presidential | NY | 00 | 10/07/2019 | | | | |
| | (iii) | Ernst, Joni, , , | | Senate | IA | 00 | 09/30/2019 | | | | |
| | (iv) | Daines, Steven, , , | | Senate | MT | 00 | 11/21/2019 | | | | |
| | (v) | Mcsally, Martha, , , | | Senate | AZ | 00 | 11/21/2019 | | | | |
| ((| on: c) Re sub | gistration: The committee I omitted on:09/18/2019 | nas been registe | ered for at least 6 m | onths. FEC | FORM | 1 was | | | | |
| | d) Qu | alification: The committee | met the above r | requirements on: | 03/18/2020 | | _• | | | | |
| | | | best of my knowledge SIGNATURE OF TI Kaegi, Kimberly, , , | REASURER [Electronically Filed] DAT | | 1 | /2020 | | | | |
| NOTE: S | Submissio | on of false, erroneous, or incomplete in ANY CHANGE IN INF | | t the person signing this Sta D BE REPORTED WITHIN | | nalties of | 2 U.S.C. §437g. | | | | |