Only

STATEMENT OF

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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. JONI FOR IOWA PO BOX 93441 ADDRESS (number and street) (Check if address is changed) **DES MOINES** 50393 IΑ 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 COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00546788 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] 06 2020 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

	FF0 =	4 (5. 1. 1.00/0000)	
		rm 1 (Revised 02/2009)	Page 2
		OMMITTEE 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. (Cominformation below.)	plete the candidate
Nam Can	e of didate	ERNST, JONI, , ,	
	didate y Affiliati	on REP Office Sought: House X Senate President	State IA District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	(D
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor-	nnected organization is a:
		Corporation Wo 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 secommittee. (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.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo 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.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC Form 1 (Revised 0	02/2009)	Page 3
Write or Type Committee Name		
JONI FOR IOW	A	
6. Name of Any Connected C	rganization, Affiliated Committee, Joint Fundraising Representative, or Lea	dership PAC Sponsor
DEFEND THE SENAT	<u>E</u>	
	228 S WASHINGTON ST STE 115	
Mailing Address		
	ALEXANDRIA VA 223°	14
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: Iden books and records. 	tify by name, address (phone number optional) and position of the person ir	possession of committee
	RY, CHRISTINE, , ,	
Full Name	PO BOX 93441	
Mailing Address		
	DES MOINES IA 503	93
Title or Position	CITY STATE	ZIP CODE
COMPLIANCE DIRECTOR	Telephone number	
Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the ssistant treasurer).	e name and address of
Full Name HOBBS, C. of Treasurer	ABELL, , ,	
Mailing Address	PO BOX 93441	
-		
	DES MOINES IA 5039	93 -
T11 D 11	CITY STATE	ZIP CODE
Title or Position TREASURER		·

	n 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	<u></u>	
Mailing Address		
	CITY STATE ZIP	P CODE
Title or Position		
	Depositories: List all banks or other depositories in which the committee deposits funds, holds access or maintains funds. Depository, etc. BANK OF AMERICA	ccounts, rents
Mailing Address	600 N WASHINGTON ST	
Mailing Address		
Mailing Address	600 N WASHINGTON ST ALEXANDRIA VA 22314	P CODE
Mailing Address Name of Bank, I	ALEXANDRIA CITY STATE ZIF	P CODE
Name of Bank, [ALEXANDRIA CITY STATE ZIF	CODE
	600 N WASHINGTON ST ALEXANDRIA CITY STATE ZIF Depository, etc.	CODE

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

(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 Fun	draising Representative	e, or Leadership PAC Spons
ERNST MAJORI	TY COMMITTEE		
Mailing Address	228 S WASHINGTON ST STE 115		
	ALEXANDRIA	VA	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte		int Fundraising Representa	ative Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	ed Organization Affiliated Committee	int Fundraising Representa	ative Leadership PAC Spo
Connecte Designated Agent: Identif	ed Organization Affiliated Committee	int Fundraising Representa	ative Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	ed Organization Affiliated Committee	int Fundraising Representa	ative Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	Affiliated Committee y Jo fy by name, address (phone number – optional)		
Connecte Designated Agent: Identi Full Name	Affiliated Committee y Jo fy by name, address (phone number – optional)	int Fundraising Representation	Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	Affiliated Committee y Jo fy by name, address (phone number – optional) CITY		
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or make the content of th	Affiliated Committee	STATE A Telephone Number	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or make the composition of Bank, Depository, etc.	Affiliated Committee y Jo fy by name, address (phone number – optional) CITY CITY Dries: List all banks or other depositories in which aintains funds. N BRIDGE BANK	STATE A Telephone Number	ZIP CODE A

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

h). Joint Fundraisi	.g . a		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected	I Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Mailing Address	PO BOX 93441		
	DES MOINES	IA	50393
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte		Fundraising Representa	ative Leadership PAC Sp
Connecte esignated Agent: Identif	ed Organization Affiliated Committee	Fundraising Representa	Leadership PAC Sp
Connecte	ed Organization Affiliated Committee	Fundraising Representa	Leadership PAC Sp
Connecte esignated Agent: Identif	ed Organization Affiliated Committee	Fundraising Representa	Leadership PAC Sp
Connecte esignated Agent: Identif	Affiliated Committee Joint fy by name, address (phone number – optional)		
esignated Agent: Identif	Affiliated Committee Affiliated Committee Joint My by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Sp
esignated Agent: Identification Full Name Mailing Address	Affiliated Committee Affiliated Committee Type by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	Affiliated Committee Affiliated Committee Ty Joint Ty by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	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.	Affiliated Committee Affiliated Committee Ty Joint Ty by name, address (phone number – optional) CITY CITY Telepries: 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)

5(a)	or(h). Joint Fundraising	g Participant:		
- (3)	1.	,	FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
			FEC ID number	C
	4.		T EO ID Hamber	0
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Sponsor
		PO POV 20444		
	Mailing Address	PO BOX 93441		
		DES MOINES		50393
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	I Organization Affiliated Committee	t Fundraising Representa	tive Leadership PAC Sponsor
8.	Designated Agent: Identify Full Name	by name, address (phone number - optional)		
	Mailing Address			
	TITLE OR POSITION	CITY ▲	STATE ▲	ZIP CODE A
	TITLE OR POSITION	_	STATE ▲ elephone Number	ZIP CODE A
9.		Ties: List all banks or other depositories in which	elephone Number	
9.	Banks or Other Depositor safety deposit boxes or ma Name of Bank, Depository, etc.	Ties: List all banks or other depositories in which	elephone Number	
9.	Banks or Other Depositor safety deposit boxes or ma	Ties: List all banks or other depositories in which	elephone Number	
9.	Banks or Other Depositor safety deposit boxes or ma Name of Bank, Depository, etc.	Ties: List all banks or other depositories in which	elephone Number	
9.	Banks or Other Depositor safety deposit boxes or ma Name of Bank, Depository, etc.	Ties: List all banks or other depositories in which	elephone Number	

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

FEC Form 1S (Revised 02/2017)

(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
Name of Any Connected	Organization, Affiliated Committee, Joint	Fundraising Representativ	re, or Leadership PAC Sponso
Mailing Address	228 S WASHINGTON ST STE 115		
	ALEXANDRIA	VA	22314
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Full Name			
Mailing Address			
		1 1 . 1	1
	CITY ▲	STATE A	ZIP CODE ▲
TITLE OR POSITION	I ▼	1	1.1. 1.1
		Telephone Number	
Safety deposit boxes or management of Bank, Depository, etc.	ories: List all banks or other depositories in value aintains funds.	which the committee deposi	its funds, holds accounts, rents
Mailing Address			
		,	
	CITY ▲	STATE ▲	ZIP CODE ▲

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

h). Joint Fundraisin	g Participant:				
1.			FE	EC ID number	C
2.			FE	EC ID number	С
3.			FE	EC ID number	С
4.			FE	EC ID number	С
		ated Committee, Join	t Fundraising	Representativ	e, or Leadership PAC Spor
GREAT IOWA FU	טאינ 				
	PO BOX 341027				
Mailing Address					
	ALIOTIN			TV	70704
	AUSTIN			TX	78734
Relationship:		CITY ▲	_	STATE ▲	ZIP CODE ▲
		Affiliated Committee	Joint Fundr	alsing Hepresent	ative Leadership PAC S
esignated Agent: Identify				aising Hepresent	ative Leadership PAC S
esignated Agent: Identify				alsing Hepresent	ative Leadership PAC S
esignated Agent: Identify				alsing Hepresent	ative Leadership PAC S
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esignated Agent: Identify	by name, address	(phone number – optic	onal)		
esignated Agent: Identify Full Name	by name, address	(phone number – optic	onal)		
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma	v by name, address	(phone number – optic	onal)	STATE A	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma	v by name, address	(phone number – optic	onal)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma	v by name, address	(phone number – optic	onal)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito aftety deposit boxes or material depository, etc.	v by name, address	(phone number – optic	onal)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or material depository, etc and	v by name, address	(phone number – optic	onal)	STATE A	ZIP CODE A

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

n). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
7.			
	l Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Spor
JONI ERNST NO	OMINEE FUND		
	PO BOX 60148		
Mailing Address	1 C BOX 00140		
	WASHINGTON	DC	20039
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee Journal Fy by name, address (phone number – optional)	oint Fundraising Represent	ative Leadership PAC S
			ative Leadership PAC S
esignated Agent: Identi			Leadership PAC S
esignated Agent: Identi			Leadership PAC S
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Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or mame of Bank,	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whi	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or mame of Bank,	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whi	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite the deposite boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whi	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite the deposite boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whi	STATE A Telephone Number	ZIP CODE A

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

g) or (h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
Name of Any Connected	d Organization, Affiliated Committee, Joint F	undraising Representativ	e, or Leadership PAC Sponsor
JONI'S ROAST A	AND RIDE		
Mailing Address	PO BOX 93441		
	DES MOINES	ΙΔ .	, 50393
Balaira		LIA LIA	
Relationship:	CITY ▲ ed Organization	STATE Joint Fundraising Represent	ZIP CODE ▲
Designated Agent: Identi	ify by name, address (phone number – optiona	l)	
Full Name			
Mailing Address			
	I	1 1 . 1	1
TITLE OR POSITION	CITY ▲	STATE ▲	ZIP CODE ▲
TITLE OR POSITION	CITY ▲	STATE ▲ Telephone Number	ZIP CODE A
Banks or Other Deposits safety deposit boxes or management of Bank,	ories: List all banks or other depositories in w	Telephone Number	
Banks or Other Deposits safety deposit boxes or many Name of Bank, Depository, etc.	ories: List all banks or other depositories in w	Telephone Number	
Banks or Other Deposit safety deposit boxes or m	ories: List all banks or other depositories in w	Telephone Number	
Banks or Other Deposits safety deposit boxes or many Name of Bank, Depository, etc.	ories: List all banks or other depositories in w	Telephone Number	
Banks or Other Deposits safety deposit boxes or management of Bank, Depository, etc.	ories: List all banks or other depositories in w	Telephone Number	

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

5(g)	or(h). Joint Fundraisin ç	p Participant:			
	1		FEC II	O number	С
	2.		FEC II	0 number	С
	3	<u> </u>	FEC II	0 number	C
	4		FEC II	0 number	C
6.	Name of Any Connected (Organization, Affiliated Committee, Join	t Fundraising Rep	oresentative	e, or Leadership PAC Sponsor
		DO DOV 7000 /			
	Mailing Address	PO BOX 76024			
		WASHINGTON		DC	20002
	Relationship:	CITY ▲		STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee	X Joint Fundraising	g Representa	ative Leadership PAC Sponsor
8.		by name, address (phone number - opti	onal)		
	Full Name				
	Mailing Address				
	TITLE OR POSITION	▼ CITY ▲		STATE A	ZIP CODE ▲
			Telephone N	umber	
9.	Banks or Other Depositor safety deposit boxes or mai Name of Bank,	ies: List all banks or other depositories in intains funds.	n which the commi	ttee deposit	s funds, holds accounts, rents
	Depository, etc.				
	Mailing Address				
		CITY ▲		STATE ▲	ZIP CODE ▲

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

1		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
	d Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spons
SENATE FIREW	'ALL 2020 II		
Mailing Address	901 N WASHINGTON ST STE 700		
	ALEXANDRIA	, VA ,	22314
Relationship:	CITY A	STATE A	ZIP CODE A
	ed Organization Affiliated Committee Joint Joint ify by name, address (phone number – optional)	Fundraising Represent	ative Leadership PAC Sp
		Fundraising Represent	ative Leadership PAC Sp
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esignated Agent: Ident	ify by name, address (phone number – optional)		
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
ame of Any Connected	l Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
SENATE FIREW	ALL COMMITTEE III		
I			
Mailing Address	901 N WASHINGTON ST, STE 700		
	ALEXANDRIA	VA I	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
rielationship.	CITY A	OIAIL A	
Connecte	ed Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC S
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esignated Agent: Identi	Affiliated Committee Joint My by name, address (phone number – optional)	Fundraising Representation	
esignated Agent: Identi	Affiliated Committee Joint J	Fundraising Representa	
esignated Agent: Identi Full Name Mailing Address	Affiliated Committee Affiliated Committee	Fundraising Representation	
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

FEC ID number FEC ID number C FEC ID number C FEC ID number C Joint Fundraising Representative, or Leadership PAC Spone STATE ZIP CODE STATE ZIP CODE ZIP CODE STATE STATE STATE STATE ZIP CODE STATE STATE ZIP CODE STATE STATE STATE STATE ZIP CODE STATE STATE ZIP CODE STATE STATE ZIP CODE STATE STATE ZIP CODE STATE STATE STATE ZIP CODE STATE STATE ZIP CODE STATE STATE STATE ZIP CODE STATE ST
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	draising Representativ	e, or Leadership PAC Spon
TILLIS-ERNST V	ICTORY FUND		
	PO POV STOTE		
Mailing Address	PO BOX 97275		
	RALEIGH	NC NC	27624
Relationship:	CITY A	STATE A	ZIP CODE ▲
			П
Connecte		int Fundraising Represent	Leadership PAC Sp
Connecte	Affiliated Committee Joint Joi	int Fundraising Represent	Leadership PAC Sp
Connecte		int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		int Fundraising Represent	Leadership PAC Sp
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