Only

STATEMENT OF

PAGE 1 / 26 =

FEC FORM 1			RGAN		ON				0.5				
1. NAME OF			Check if nam	o Ev	ample:If typing, ty	/DO	_	_	Office	Use Or	ıly		
COMMITTEE (ir	full)		s changed)		er the lines.	pe	12FE	34M5					
Thom Tillis	Comr	nittee											
ADDRESS (number a	nd street)	PO Box 9	97396 										
(Check if a is changed		Raleigh	TY 🛦				NC STATE		27624	ZI		DE A	
COMMITTEE'S E-MA	AIL ADDRE	SS											
(Check if a is changed	address		mandco.co	m 			1 1						
		Optional	Second E-Ma	ail Address									1
COMMITTEE'S WEB (Check if a is changed	address	•	RL) mtillis.com										
2. DATE 0	6 01	D / Y	2020										
3. FEC IDENTIFIC	CATION NU	JMBER >		C005457	72								
4. IS THIS STATEM	MENT X	NEW	(N) O	R	AMENDED	(A)							
certify that I have e	examined th	nis Stateme	ent and to the	best of my	knowledge and b	elief it is	s true, c	correct a	and co	mplete).		
Type or Print Name	of Treasure	r McMicha	ael, Collin, , ,										
Signature of Treasure	er <i>McMi</i>	ichael, Collin	,,,		[Electronically File	ed] [Date	M M M 06	1	01	/ Y	2020	YYY
NOTE: Submission of	false, errone				bject the person si				the per	nalties	of 2 U	.S.C. §	437g.
Office Use			_		For further inform Federal Election Co Toll Free 800-424-9	ommission				EC F			

Local 202-694-1100

	FEC Fo i	orm 1 (Revised 02/2009) Page 2	
		COMMITTEE	
(a)	x	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b) Nam Cand	e of	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) Tillis, Thom, R., Sen.,	
Can	didate / Affiliation	Office	NC
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Can	e of didate		
Par	ty Con	nmittee:	
(d)		(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Page 1	arty.
Poli	tical A	action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	is a:
		Corporation Corporation w/o Capital Stock Labor Organization	on
		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 pacommittee. (i.e., nonconnected committee)	arty
		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	draising Representative:	
(g)		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.	
(h)		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.	
	Com	nmittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		ī

FEC Form 1 (Deviced 02/2000)	Dama 2
FEC Form 1 (Revised 02/2009) Write or Type Committee Name	Page 3
Thom Tillis Committee	
Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor
Tillis Majority Committee	
PO Box 97275	
Mailing Address	
Raleigh NC	27624
CITY STATE	ZIP CODE
Relationship: Connected Organization Affiliated Committee X Joint Fundraising Representation	tive Leadership PAC Sponsor
 Custodian of Records: Identify by name, address (phone number optional) and position of the p books and records. 	erson in possession of committee
McMichael, Collin, , ,	1
Full Name PO Box 97396	
Mailing Address	
Raleigh NC	27624-
Title or Position CITY STATE	ZIP CODE
Custodian Telephone number	919 - 889 - 1817
3. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; any designated agent (e.g., assistant treasurer).	and the name and address of
Full Name McMichael, Collin, , ,	1
of Treasurer	
Mailing Address PO Box 97396	
Raleigh	27624
CITY STATE	ZIP CODE
Title or Position Treasurer Telephone number	919 - 889 - 1817

FEC Forn	n 1 (Revised 02/2009)	Page 4
Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position	CITY STATE	ZIP CODE
	Telephone number	
safety deposit bo		
safety deposit bo	oxes or maintains funds.	
safety deposit bo Name of Bank, [Depository, etc. Aquesta Bank 19510 Jetton Road Cornelius NC 28031	
safety deposit bo Name of Bank, [Mailing Address	Depository, etc. Aquesta Bank 19510 Jetton Road Cornelius CITY STATE	ZIP CODE
safety deposit bo Name of Bank, [Depository, etc. Aquesta Bank 19510 Jetton Road Cornelius CITY STATE Depository, etc.	
safety deposit bo Name of Bank, [Mailing Address	Depository, etc. Aquesta Bank 19510 Jetton Road Cornelius CITY STATE Depository, etc.	
safety deposit bo Name of Bank, [Mailing Address	Depository, etc. Aquesta Bank 19510 Jetton Road Cornelius CITY STATE Depository, etc.	
safety deposit bo Name of Bank, [Mailing Address Name of Bank, [Depository, etc. Aquesta Bank 19510 Jetton Road Cornelius CITY STATE Depository, etc.	
safety deposit bo Name of Bank, [Mailing Address Name of Bank, [Depository, etc. Aquesta Bank 19510 Jetton Road Cornelius CITY STATE Depository, etc.	

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

	mains lunds.			
	ies: List all banks or other ntains funds.	depositories in which t	he committee deposit	s funds, holds accounts, rents
		Tel	ephone Number	
TITLE OR POSITION	▼ CIT	- Y ▲	STATE ▲	ZIP CODE ▲
Mailing Address				
Full Name				
Designated Agent: Identify	by name, address (phone	number – optional)		
Connected	Organization Affiliated	Committee Joint	Fundraising Representa	tive Leadership PAC Spons
Relationship:	C	ITY A	STATE ▲	ZIP CODE 🛦
	Alexandria		, VA	, 22314
Mailing Address	228 S Washington St			
Name of Any Connected C	=	ommittee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
4			FEC ID number	C
3.			FEC ID number	C
2.			FEC ID number	C
			FEC ID number	C

FEC Form 1S (Revised 02/2017)

5(g)	or(h). Joint Fundraisin	g Participant:	FEC ID number	C
	1		FEC ID number	C
	2			
	3.		FEC ID number	C
	4.		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
	Mailing Address	824 S MILLEDGE AVE STE 101		
		Athens	GA	30605
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee	Fundraising Representa	tive Leadership PAC Sponsor
3.	Designated Agent: Identify Full Name	by name, address (phone number – optional)		
	Mailing Address			
	Mailing Address			
	Mailing Address			
		CITY A	STATE A	ZIP CODE A
	Mailing Address TITLE OR POSITION	•		
).	TITLE OR POSITION Banks or Other Depositor safety deposit boxes or ma	Tele ies: List all banks or other depositories in which the	STATE A	ZIP CODE A
).	Banks or Other Depositor safety deposit boxes or ma	Tele ries: List all banks or other depositories in which the intains funds.	STATE A	ZIP CODE A
).	Banks or Other Depositor safety deposit boxes or man Name of Bank, Depository, etc.	ries: List all banks or other depositories in which the intains funds.	STATE A	ZIP CODE A
).	Banks or Other Depositor safety deposit boxes or man Name of Bank, Depository, etc.	ries: List all banks or other depositories in which the intains funds.	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

or(h). Joint Fundraisi	ng Participant:		
1.	.g . u	FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4		FEC ID number	C
Name of Any Connected	l Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
Mailing Address	228 S WASHINGTON ST STE 115		
	Alexandria	L VA	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee	Fundraising Representa	tive Leadership PAC Spons
Designated Agent: Idenii			
Full Name	fy by name, address (phone number – optional)		
	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name	CITY	STATE A	ZIP CODE A
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A		ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or m Name of Bank, Wells	CITY CITY Tele Dries: List all banks or other depositories in which the aintains funds.	STATE ▲	
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.	CITY CITY Tele Dries: List all banks or other depositories in which the aintains funds.	STATE ▲	
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or m Name of Bank, Wells	CITY CITY Tele pries: List all banks or other depositories in which the aintains funds. Fargo	STATE ▲	
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.	CITY ▲ CITY ▲ Tele Pries: List all banks or other depositories in which the aintains funds. Fargo 420 Montgomery St	STATE A ephone Number	s funds, holds accounts, rents
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.	CITY CITY Tele pries: List all banks or other depositories in which the aintains funds. Fargo	STATE ▲	

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

h). Joint Fundraisi r	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
DEFEND THE SE	ENATE 		
<u> </u>			
	228 S WASHINGTON STREET SUITE 115		
Mailing Address	220 3 WASHINGTON STREET SUITE 113		
	ALEXANDRIA	VA VA	22314
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identif	d Organization Affiliated Committee Joint y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional)		
esignated Agent: Identif	y by name, address (phone number – optional)	Fundraising Representa	
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional) CITY		
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional) CITY	STATE A	
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esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposited afety deposit boxes or marked and a second contents.	y by name, address (phone number – optional) CITY CITY Te pries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
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esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY CITY Te pries: List all banks or other depositories in which aintains funds. N BRIDGE BANK NA	STATE A	ZIP CODE A

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	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
SENATE FIREW	ALL 2020		
I			
Mailing Address	901 N WASHINGTON STSUITE 700		
	ALEXANDRIA	, , VA	22314
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
riciationship.	911 T		
Connecte		t Fundraising Represent	ative Leadership PAC S
Connecte esignated Agent: Identif	d Organization Affiliated Committee	t Fundraising Representa	Leadership PAC S
Connecte	d Organization Affiliated Committee	t Fundraising Representa	Leadership PAC S
Connecte esignated Agent: Identif	d Organization Affiliated Committee	t Fundraising Representa	
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Connecte esignated Agent: Identif	Affiliated Committee Join Join by by name, address (phone number – optional)	t Fundraising Representation	
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esignated Agent: Identification Full Name Mailing Address	Affiliated Committee y Join y by name, address (phone number – optional) CITY	STATE A	
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION Mailing Address	Affiliated Committee y Join y by name, address (phone number – optional) CITY CITY To pries: List all banks or other depositories in which	STATE A	ZIP CODE A
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FEC Form 1S (Revised 02/2017)

h). Joint Fundraisin	g Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fun	ndraising Representative	e, or Leadership PAC Spon
SENATE VICTOR	Y 2020 		
Mailing Address	228 S. WASHINGTON ST.STE. 115		
am.ig			
	ALEXANDRIA	, VA	22314
Relationship:	CITY A	STATE A	ZIP CODE A
		int Fundraising Representa	
esignated Agent: Identify	by name, address (phone number - optional)		
esignated Agent: Identify	by name, address (phone number – optional)		
	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	CITY		
Full Name	CITY		
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor	CITY A	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail	CITY A	STATE A Telephone Number	ZIP CODE A
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Full Name Mailing Address TITLE OR POSITION anks or Other Depositor dety deposit boxes or maintenance of Bank,	CITY A	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor dety deposit boxes or maintenance of Bank, epository, etc.	CITY A	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or material deposit boxes or material depository, etc.	CITY A	STATE A Telephone Number	ZIP CODE A

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

1.		FEC ID number	C
2.		FEC ID number	С
3		FEC ID number	C
4.		FEC ID number	C
TILLIS VICTOR	d Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Spons
Mailing Address	PO BOX 9891		
	ARLINGTON	VA	22219
			ZIP CODE ▲
	CITY ▲ ed Organization	STATE ▲ pint Fundraising Represent	
esignated Agent: Ident	ed Organization Affiliated Committee	oint Fundraising Represent	
Connect	ed Organization Affiliated Committee	oint Fundraising Represent	
esignated Agent: Ident	ed Organization Affiliated Committee	oint Fundraising Represent	
esignated Agent: Ident	ed Organization Affiliated Committee Affiliated Committee If y by name, address (phone number – optional)	pint Fundraising Represent	ative Leadership PAC Sp
Connecte sesignated Agent: Identer Full Name	ed Organization Affiliated Committee Affiliated Committee If you have address (phone number – optional)	oint Fundraising Represent	

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

h). Joint Fundraisi		FEC ID n	umber (
2.		FEC ID n	umber (
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4.		FEC ID n	umber (
	Organization, Affiliated Committee, Joi	nt Fundraising Repres	sentative,	or Leadership PAC Spon
Mailing Address	228 S. WASHINGTON ST.STE. 115			
	Alexandria		VA	22314
Relationship:	CITY A	S	TATE A	ZIP CODE ▲
	SII 2			
Connecte	d Organization Affiliated Committee	X Joint Fundraising R	epresentativ	e Leadership PAC S
Connecte		X Joint Fundraising R	epresentativ	e Leadership PAC S
Connecte	d Organization Affiliated Committee	X Joint Fundraising R	epresentativ	Leadership PAC S
Connecte esignated Agent: Identif	d Organization Affiliated Committee	X Joint Fundraising R	epresentativ	e Leadership PAC S
esignated Agent: Identification Full Name Mailing Address	Affiliated Committee by by name, address (phone number – op	Joint Fundraising Retional)		
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esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	Affiliated Committee by by name, address (phone number – op CITY CITY ries: List all banks or other depositories	Joint Fundraising Retional) STA	ATE A	ZIP CODE A
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FEC Form 1S (Revised 02/2017) for Lines 5(g) or (h), 6, 8 a

anization, Affiliated Committee, Committee O Box 97275 Caleigh CITY anization Affiliated Committee name, address (phone number –	Joint Fundrais		mber (27624
Committee O Box 97275 Caleigh CITY Affiliated Committee	Joint Fundrais	ing Represe	entative,	or Leadership PAC Spons
Committee O Box 97275 Caleigh CITY Affiliated Committee	Joint Fundrais	ing Represe	entative,	or Leadership PAC Spons
Committee O Box 97275 Caleigh CITY Affiliated Committee	X Joint Fu	ST	NC	27624
O Box 97275 caleigh CITY anization Affiliated Committee		ST		
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		ndraising Re		ZIP CODE ▲
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC ID number C 3.	
ame of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PA 2019 SENATORS CLASSIC COMMITTEE Mailing Address 228 S. WASHINGTON STREET SUITE 115 ALEXANDRIA Relationship: CITY ▲ STATE ▲ ZIP CO Connected Organization Affiliated Committee Joint Fundraising Representative Leadership Leadership esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP COD Telephone Number	
ame of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PA 2019 SENATORS CLASSIC COMMITTEE Mailing Address 228 S. WASHINGTON STREET SUITE 115 ALEXANDRIA CITY A STATE A ZIP CC Connected Organization Affiliated Committee Joint Fundraising Representative Leadership esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION CITY A STATE A ZIP COD Telephone Number Title Or Depositories: List all banks or other depositories in which the committee deposits funds, holds accounterly deposit boxes or maintains funds. ame of Bank, epository, etc.	
ALEXANDRIA Relationship: CITY ▲ STATE ▲ ZIP CO Connected Organization Affiliated Committee Joint Fundraising Representative Leadership Resignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP COD Telephone Number Telephone Number Title Or Position State A ZIP COD Telephone Number Title OR Position State A ZIP COD Telephone Number Title OR Position State A ZIP COD Telephone Number	
ALEXANDRIA Relationship: CITY ▲ STATE ▲ ZIP CO Connected Organization Affiliated Committee SIDITE I15 ALEXANDRIA ALEXANDRIA CITY ▲ STATE ▲ ZIP CO Connected Organization Affiliated Committee SIDITE Fundraising Representative Leadership Leadership TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP COD Telephone Number Title OR Position III banks or other depositories in which the committee deposits funds, holds accountety deposit boxes or maintains funds. Alexandria Alexandria ZIP COD Telephone Number Title OR Position III banks or other depositories in which the committee deposits funds, holds accountety deposit boxes or maintains funds. Alexandria Alexandria ZIP COD Telephone Number	0.00000
SUITE 115 ALEXANDRIA Relationship: CITY ▲ STATE ▲ ZIP CO Connected Organization Affiliated Committee Joint Fundraising Representative Leadership esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP COD Telephone Number	C Spon
SUITE 115 ALEXANDRIA Relationship: CITY ▲ STATE ▲ ZIP CO Connected Organization Affiliated Committee Joint Fundraising Representative Leadership esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP COD Telephone Number	
SUITE 115 ALEXANDRIA Relationship: CITY ▲ STATE ▲ ZIP CO Connected Organization Affiliated Committee Joint Fundraising Representative Leadership esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP COD Telephone Number	
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Connected Organization	-
esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION CITY STATE ZIP COD Telephone Number Telephone Number anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accountedly deposit boxes or maintains funds. ame of Bank, epository, etc.	DE 🛦
TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP COD Telephone Number	
Telephone Number	
anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accountety deposit boxes or maintains funds. ame of Bank, epository, etc. □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	
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anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accountety deposit boxes or maintains funds. ame of Bank, epository, etc.	
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epository, etc.	
Mailing Address	
	- [

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

	Participant:		0
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected (Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spor
TILLIS AND COLL	EAGUES VICTORY COMMITTEE		
Mailing Address	228 S. WASHINGTON ST		
	STE. 115		
	ALEXANDRIA	VA VA	22314
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
esignated Agent: Identify Full Name	by name, address (phone number – optional)		
	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	CITY	STATE A	ZIP CODE A
Full Name	CITY A		
Full Name Mailing Address TITLE OR POSITION To the position of the properties of the position of the p	CITY A Ces: List all banks or other depositories in which	STATE ▲	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Tanks or Other Depositoring the deposit boxes or main the depository, etc.	CITY A Ces: List all banks or other depositories in which	STATE ▲	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION To the position of the properties of the position of the p	CITY A Ces: List all banks or other depositories in which	STATE ▲	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Tanks or Other Depositoring the deposit boxes or main the depository, etc.	CITY A Ces: List all banks or other depositories in which	STATE ▲	ZIP CODE A

FEC Form 1S (Revised 02/2017)

h). Joint Fundraisi	ng randopant.		
1		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4		FEC ID number	C
=	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
GARDNER TILLI	S VICTORY		
	228 S. WASHINGTON ST		
Mailing Address			
	STE. 115		
	ALEXANDRIA	VA	22314
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee	t Fundraising Represent	ative Leadership PAC S
	ed Organization Affiliated Committee Join Join fy by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC S
esignated Agent: Identi		t Fundraising Represent	ative Leadership PAC S
esignated Agent: Identi		t Fundraising Represent	ative Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC S
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)	st Fundraising Represent	
esignated Agent: Identi	fy by name, address (phone number – optional) CITY		
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite of the deposite boxes or market and the control of the c	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afty deposit boxes or mame of Bank,	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A	ZIP CODE A
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esignated Agent: Identi 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 A	ZIP CODE A
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FEC Form 1S (Revised 02/2017)

h). Joint Fundraisi r	1		С
1.		FEC ID number	
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Perdue-Tillis Victo	ory Fund		
Mailing Address	PO Box 60148		
	Washington	DC DC	20039
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee	Fundraising Representa	Leadership PAC S
	d Organization Affiliated Committee	Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name Mailing Address	y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional) CITY		
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or material depositions.	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mailing ame of Bank, epository, etc.	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mailing ame of Bank, epository, etc.	y by name, address (phone number – optional) CITY Te ries: 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

anks or Other Depositor afety deposit boxes or ma ame of Bank, epository, etc. Mailing Address		or other depositories in wh	ich the committ	ee deposit	s funds, holds accounts, rent
anks or Other Depositor afety deposit boxes or ma ame of Bank, epository, etc.		or other depositories in wh	ich the committ	ee deposit	s funds, holds accounts, rent
anks or Other Depositor afety deposit boxes or ma		or other depositories in wh	ich the committ	ee deposit	s funds, holds accounts, rent
anks or Other Depositor		or other depositories in wh	ich the committ	ee deposit	s funds, holds accounts, rent
TITLE OR POSITION					
TITLE OR POSITION					
TITLE OR POSITION	· 		Telephone Nu	mber L	
		CITY A	S	TATE A	ZIP CODE ▲
			, , , I	1 1	I I-I
Mailing Address					
Full Name					
esignated Agent: Identify	by name, address	s (phone number – optional)		
Connected	I Organization	Affiliated Committee	oint Fundraising	Representa	ative Leadership PAC Sp
Relationship:		CITY A		STATE A	ZIP CODE ▲
	Alexandria		, , , I	VA	22314
	STE. 115				
Mailing Address	228 S. WASHIN	GTON ST.	<u> </u>		
WHITEFISH VICT	ORY				
		liated Committee, Joint Fu	ndraising Rep	esentativ	e, or Leadership PAC Spons
4			FEC ID	number	C
1			FEC ID		C
3.			FEC ID		C
2.			J	number	C

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

1.		FEC ID		C
2.		FEC ID		C
3.		FEC ID		C
4.		FEC ID	number	C
	organization, Affiliated Committee, Join S MAJORITY COMMITTEE	t Fundraising Repr	esentative	e, or Leadership PAC Spon
	DO DOM 0707			
Mailing Address	PO BOX 97275			
	RALEIGH		NC	27624
Relationship:	CITY ▲		STATE A	ZIP CODE ▲
Connect	ed Organization Affiliated Committee	X Joint Fundraising	Representa	ative Leadership PAC S
	Affiliated Committee fy by name, address (phone number – optic		Representa	Leadership PAC S
esignated Agent: Ident			Representa	Leadership PAC S
esignated Agent: Ident			Representa	Leadership PAC S
esignated Agent: Ident		onal)	Representa	Leadership PAC S
esignated Agent: Ident Full Name Mailing Address	fy by name, address (phone number – optic	onal)	Representa	
esignated Agent: Ident	fy by name, address (phone number – optic	onal)	TATE A	
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or name of Bank,	fy by name, address (phone number – option of the control of the	onal) S Telephone Nu	TATE mber	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	fy by name, address (phone number – option of the control of the	onal) S Telephone Nu	TATE mber	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Lanks or Other Deposite afety deposit boxes or name of Bank,	fy by name, address (phone number – option of the control of the	onal) S Telephone Nu	TATE mber	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Fanks or Other Deposite afety deposit boxes or name of Bank, depository, etc.	fy by name, address (phone number – option of the control of the	onal) S Telephone Nu	TATE mber	ZIP CODE A

FEC Form 1S (Revised 02/2017)

1	sing Participant:	FEC ID number	C
1.		FEC ID number	C
2.			
3		FEC ID number	C
4		FEC ID number	[C]
	ed Organization, Affiliated Committee, Joint Fundi	raising Representative	e, or Leadership PAC Sponsor
KEEP THE SEN	NATE RED		
Mailing Address	PO BOX 76024		
	WASHINGTON	DC DC	20002
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		t Fundraising Representa	ative Leadership PAC Spons
	Affiliated Committee	t Fundraising Representa	Leadership PAC Spons
Designated Agent: Iden		t Fundraising Representa	Leadership PAC Spons
Designated Agent: Ider		t Fundraising Representa	Leadership PAC Spons
Designated Agent: Ider	ntify by name, address (phone number – optional)		
Designated Agent: Ider	ntify by name, address (phone number – optional)		Leadership PAC Sponso
Designated Agent: Iden Full Name Mailing Address	ntify by name, address (phone number – optional) CITY ▲		
Pull Name Full Name Mailing Address TITLE OR POSITION Banks or Other Depose safety deposit boxes or Name of Bank,	ntify by name, address (phone number – optional) CITY CITY Sitories: List all banks or other depositories in which	STATE A	ZIP CODE A
Designated Agent: Iden Full Name Mailing Address TITLE OR POSITION Banks or Other Depose safety deposit boxes or	ntify by name, address (phone number – optional) CITY CITY Sitories: List all banks or other depositories in which	STATE A	ZIP CODE A
Pull Name Full Name Mailing Address TITLE OR POSITION Banks or Other Depose safety deposit boxes or Name of Bank,	ntify by name, address (phone number – optional) CITY CITY Sitories: List all banks or other depositories in which	STATE A	ZIP CODE A
Pull Name Full Name Mailing Address TITLE OR POSITION Banks or Other Depose safety deposit boxes or Name of Bank, Depository, etc.	ntify by name, address (phone number – optional) CITY CITY Sitories: List all banks or other depositories in which	STATE A	ZIP CODE A
Pull Name Full Name Mailing Address TITLE OR POSITION Banks or Other Depose safety deposit boxes or Name of Bank, Depository, etc.	ntify by name, address (phone number – optional) CITY CITY Sitories: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

5(g)	or(h). Joint Fundraisin	g Participant:		
	1.	- 	FEC ID number	
	2.		FEC ID number	
	3.		FEC ID number	
	4.		FEC ID number	
6.		Organization, Affiliated Committee, Joint Fundr	aising Representative, o	r Leadership PAC Sponsor
	TILLIS-ERNST VI	CTORY FUND		
	Mailing Address	PO BOX 97275		
		RALEIGH	NC	27624
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee	Fundraising Representative	Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	_ co.ga.ca r.gcac,	by hame, address (phone humber – optional)		
	Full Name	Jame, address (priorie number – optional)		
		by Hame, address (phone number – optional)		
	Full Name			
	Full Name	by hame, address (phone number – optional)		
	Full Name	CITY		
	Full Name	CITY A	STATE A	ZIP CODE A
	Full Name	CITY A		
	Full Name Mailing Address TITLE OR POSITION	CITY A	STATE STATE Ilephone Number	ZIP CODE A
9.	Full Name Mailing Address TITLE OR POSITION	CITY A Teles: List all banks or other depositories in which	STATE STATE Ilephone Number	ZIP CODE A
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor	CITY A Teles: List all banks or other depositories in which	STATE STATE Ilephone Number	ZIP CODE A
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main	CITY CITY Tes: List all banks or other depositories in which intains funds.	STATE STATE Ilephone Number	ZIP CODE A
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank,	CITY CITY Tes: List all banks or other depositories in which intains funds.	STATE A lephone Number the committee deposits fu	ZIP CODE A
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main safety depository, etc.	CITY CITY Tes: List all banks or other depositories in which intains funds.	STATE A lephone Number the committee deposits fu	ZIP CODE A
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main safety depository, etc.	CITY CITY Tes: List all banks or other depositories in which intains funds.	STATE A lephone Number the committee deposits fu	ZIP CODE A

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	C
	Organization, Affiliated Committee, Joint Fund VICTORY COMMITTEE 2020	draising Representative	e, or Leadership PAC Spons
Mailing Address	PO BOX 97275		
	RALEIGH	NC NC	27624
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	fy by name, address (phone number - optional)		
Full Name	y sy hame, dadress (phone hamber sepaenar)		
Full Name			
	CITY	STATE A	ZIP CODE A
Mailing Address	CITY A	STATE A	ZIP CODE A
Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of Bank,	CITY A CITY A pries: List all banks or other depositories in which	Telephone Number	
Mailing Address TITLE OR POSITION	CITY A CITY A pries: List all banks or other depositories in which	Telephone Number	
Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or make the deposit boxes or make the depository, etc.	CITY A CITY A pries: List all banks or other depositories in which	Telephone Number	
Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or make the deposit boxes or make the depository, etc.	CITY A CITY A pries: List all banks or other depositories in which	Telephone Number	

FEC Form 1S (Revised 02/2017)

5(g) c	or(h). Joint Fundraisin	Participant:			
(0)	1.	·	, , , FEC I	D number	C
	2.		FEC I	D number	C
	3.		FEC I	D number	C
	4.		FEC I	D number	C
6.	Name of Any Connected of THE VICTORY CL	Organization, Affiliated Committee	e, Joint Fundraising Re	presentative	e, or Leadership PAC Sponsor
	ITTE VIOTORY GE				
	Mailing Address	PO BOX 60148			
		WASHINGTON		DC	20039
	Relationship:	CITY A		STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committ	ee X Joint Fundraisir	ıq Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify Full Name	by name, address (phone number	- optional)		
	Mailing Address	1			
	Mailing Address				
	Mailing Address				
		CITY A		STATE A	ZIP CODE A
	Mailing Address TITLE OR POSITION	CITY A	Telephone 1		ZIP CODE A
		CITY A	Telephone N		ZIP CODE A
9.	TITLE OR POSITION	es: List all banks or other deposition		Number	
9.	TITLE OR POSITION	es: List all banks or other deposition		Number	
9.	TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank,	es: List all banks or other deposition		Number	
9.	Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.	es: List all banks or other deposition		Number	
9.	Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.	es: List all banks or other deposition		Number	

FEC Form 1S (Revised 02/2017)

TITLE OR POSITION Banks or Other Depositor Safety deposit boxes or many Name of Bank, Depository, etc. Mailing Address	ries: List all banks or		Telephone Number the committee deposition in the committee deposition.	ss funds, holds accounts, rents
Banks or Other Depositors of Bank, Depository, etc.	ries: List all banks or			s funds, holds accounts, rents
Banks or Other Depositors of Bank, Depository, etc.	ries: List all banks or			s funds, holds accounts, rents
Banks or Other Deposito safety deposit boxes or ma	ries: List all banks or			es funds, holds accounts, rents
Banks or Other Deposito	ries: List all banks or			s funds, holds accounts, rents
TITLE OR POSITION			Telephone Number	
TITLE OR POSITION		_		
	▼	CITY A	STATE ▲	ZIP CODE ▲
Mailing Address				
Full Name				
Designated Agent: Identif	y by name, address (p	hone number – optional)		
Connecte	d Organization Aff	iliated Committee	nt Fundraising Represent	ative Leadership PAC Spor
Relationship:		CITY A	STATE ▲	ZIP CODE ▲
	ALEXANDRIA		VA	22314
•	SUITE 700			
Mailing Address	901 N WASHINGTO	ON ST		
SENATE FIREW			Iraising Representativ	e, or Leadership PAC Sponso
4.				
T.			FEC ID number	C
3.			FEC ID number	C
3.			FEC ID number	

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

h). Joint Fundraisi r		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
		FEC ID number	C
4.			
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spon
SECURING OUR	MAJORITY 2020		
1			
Mailing Address	824 S MILLEDGE AVE STE 101		
	Athens	GA L	30605
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
П.			
Connecte	d Organization Affiliated Committee X Joint	t Fundraising Representa	Leadership PAC S
	d Organization Affiliated Committee Joint y by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC S
		t Fundraising Representa	Leadership PAC S
esignated Agent: Identif		t Fundraising Represent	Leadership PAC S
esignated Agent: Identif		t Fundraising Representa	Leadership PAC S
esignated Agent: Identif		t Fundraising Representa	Leadership PAC S
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional)	t Fundraising Representation	Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional) CITY	STATE A	
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional) CITY		
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esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposito	y by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or materials and the second	y by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or make ame of Bank, epository, etc.	y by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or materials and the companion of Bank,	y by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A

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

h). Joint Fundraisi r	1	FEO ID I	C
1.		FEC ID number	
2.		FEC ID number	С
3.		FEC ID number	C
4		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Funds	raising Representative	e, or Leadership PAC Spon
Friends of Thom	Tillis		
Mailing Address	PO Box 60148		
	Washington	DC	20039
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee Joint	t Fundraising Representa	ative Leadership PAC S
	Affiliated Committee Joint y by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC S
esignated Agent: Identif		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional)	t Fundraising Representation	Leadership PAC Spanish
esignated Agent: Identif	y by name, address (phone number – optional) CITY		
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or materials.	y by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mail	y by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A