PAGE 1 / 15 =

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. Texans for Senator John Cornyn Inc. PO Box 13026 ADDRESS (number and street) (Check if address is changed) Austin 78711 TX CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS salpurpura2010@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.johncornyn.com (Check if address is changed) DATE 29 2020 C00369033 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. Cammack, Kerry, N.,, Type or Print Name of Treasurer Cammack, Kerry, N.,, [Electronically Filed] 05 29 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 Only Local 202-694-1100

FEC Fo	rm 1 (Revised 02/2009)	Page 2
TYPE OF C		
	Committee:	
(a) x	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
Name of Candidate	Cornyn, John, , Sen,	
Candidate Party Affiliati	on REP Office Sought: House X Senate President	State
rarty Annian	Sought. House V Senate President	District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Con		
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political A	ction Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a:
	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 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.)	
Joint 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.	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.	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		
Texans for Sena	ator John Cornyn Inc.	
6. Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor
2019 SENATORS CLA Mailing Address Relationship: Connected	ASSIC COMMITTEE 228 S WASHINGTON ST. STE. 115 ALEXANDRIA CITY STATE Organization Affiliated Committee	22314 ZIP CODE Leadership PAC Sponsor
	tify by name, address (phone number optional) and position of the pe	
Full Name Mailing Address	Monroe NC	28110
Title or Position	CITY STATE	ZIP CODE
ASSISTANT TREASURER	Telephone number	04 - 668 - 1993
3. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; assistant treasurer).	and the name and address of
of Treasurer	X, KERRY, , MR.,	
Mailing Address	AUSTIN TX STATE	78711
Title or Position TREASURER		04 - 668 - 1993

FEC Form 1 (Re	Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		_
Banks or Other Depositions of Safety deposit boxes or Name of Bank, Deposit		
safety deposit boxes or	r maintains funds. itory, etc.	
safety deposit boxes or Name of Bank, Deposit	r maintains funds. itory, etc.	
safety deposit boxes or Name of Bank, Deposit	remaintains funds. itory, etc. 8AT 1909 K Street NW	
safety deposit boxes or Name of Bank, Deposit	r maintains funds. itory, etc. 1909 K Street NW Washington CITY STATE	
safety deposit boxes or Name of Bank, Deposit Mailing Address Name of Bank, Deposit	r maintains funds. itory, etc. 1909 K Street NW Washington CITY STATE Itory, etc.	
safety deposit boxes or Name of Bank, Deposit Mailing Address Name of Bank, Deposit	washington CITY STATE To maintains funds. 1909 K Street NW 20006 CITY STATE	
Name of Bank, Deposit Mailing Address Name of Bank, Deposit Mailing Address	r maintains funds. itory, etc. 1909 K Street NW Washington CITY STATE Itory, etc.	ZIP CODE

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

h). Joint Fundraisi n	g Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spons
CORNYN LOEFF	LER VICTORY		
I			
Mailing Address	824 S MILLEDGE AVE STE 101		
	ATHENS	GA	30605
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connected	d Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC Sp
	Affiliated Committee Joint y by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC Sp
		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identify		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		Fundraising Representation	Leadership PAC Sp
esignated Agent: Identif		Fundraising Representation	
esignated Agent: Identify Full Name Mailing Address	y by name, address (phone number – optional)	STATE	Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional) CITY		
esignated Agent: Identify Full Name Mailing Address	y by name, address (phone number – optional) CITY	STATE A	
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito	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 CITY Te ries: List all banks or other depositories in which aintains funds.	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
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma ame of Bank, epository, etc	y by name, address (phone number – optional) CITY CITY Te ries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor defety deposit boxes or mailing are of Bank, UBS F	ries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma ame of Bank, epository, etc	ries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

5(g)	or(h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Funda	aising Representative	, or Leadership PAC Sponsor
	CORNYN MAJOR	RITY COMMITTEE		
	Mailing Address	228 S WASHINGTON ST.		
		STE. 115		
		ALEXANDRIA	VA	22314
	Relationship:	CITY A	STATE A	ZIP CODE ▲
	Connected	I Organization	Fundraising Representa	tive Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number – optional)		
8.	Designated Agent: Identify 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		
8.	Full Name	CITY A	STATE A	
	Full Name Mailing Address TITLE OR POSITION	CITY A Te	STATE A	ZIP CODE A
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor	CITY A Te	STATE A	ZIP CODE A
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank,	CITY A ries: List all banks or other depositories in which intains funds.	STATE A	ZIP CODE A
	Full Name	CITY A ries: List all banks or other depositories in which intains funds.	STATE A	ZIP CODE A
	Full Name	CITY A ries: List all banks or other depositories in which intains funds.	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Banks or Other Deposito safety deposit boxes or many Name of Bank, Depository, etc. Mailing Address		or other depositories in w	hich the commit	tee deposit	s funds, h	olds accounts, rents
safety deposit boxes or ma Name of Bank, Depository, etc.		or other depositories in w	hich the commit	tee deposit	s funds, h	olds accounts, rents
safety deposit boxes or ma		or other depositories in w	hich the commit	tee deposit	s funds, h	olds accounts, rents
safety deposit boxes or ma		or other depositories in w	hich the commit	tee deposit	s funds, h	olds accounts, rents
			Telephone N	umber		
TITLE OR POSITION	▼	CITY A	;	STATE A		ZIP CODE ▲
Mailing Address						
Full Name						
Designated Agent: Identify	y by name, address	s (phone number – optiona	al)			
Connected	d Organization	Affiliated Committee	Joint Fundraising	Represent	ative	Leadership PAC Spo
Relationship:		CITY A		STATE A		ZIP CODE ▲
	ALEXANDRIA		1	ı VA ı	223	14 1 1
Mailing Address	228 S WASHING STE. 115	310N S1.				
	202 2 WA 2 UNA					
Name of Any Connected CORNYN MAJOF		liated Committee, Joint F	undraising Rep	resentativ	e, or Lead	dership PAC Spons
4.			FEC ID	number	C.	
3.			_	number	С	
. 1			FEC ID	number	С	
2.			FEC IL	number	C	

FEC Form 1S (Revised 02/2017)

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5(g)	or(h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	С
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundral	ising Representative	, or Leadership PAC Sponsor
	CORNYN SULLIV			
	Mailing Address	228 S WASHINGTON ST.		
		STE. 115		
		ALEXANDRIA	VA	22314
	Relationship:	CITY A	STATE A	ZIP CODE ▲
	Connected	Organization Affiliated Committee	Fundraising Representa	tive Leadership PAC Sponsor
		, <u> </u>		
3.	Designated Agent: Identify	by name, address (phone number - optional)		
3.	Designated Agent: Identify Full Name	by name, address (phone number – optional)		
3.		by name, address (phone number – optional)		
3.	Full Name	by name, address (phone number – optional)		
3.	Full Name	by name, address (phone number – optional)		
3.	Full Name	CITY		
3.	Full Name	CITY A	STATE A	ZIP CODE A
3.	Full Name	CITY A		
3.	Full Name Mailing Address TITLE OR POSITION	CITY A	STATE A	ZIP CODE A
3.	Full Name Mailing Address TITLE OR POSITION	CITY A Tele Ties: List all banks or other depositories in which the	STATE A	ZIP CODE A
3.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor	CITY A Tele Ties: List all banks or other depositories in which the	STATE A	ZIP CODE A
3.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank,	CITY A Tele Ties: List all banks or other depositories in which the	STATE A	ZIP CODE A
3.	Full Name	CITY A Tele Ties: List all banks or other depositories in which the	STATE A	ZIP CODE A
3.	Full Name	CITY A Tele Ties: List all banks or other depositories in which the	STATE A	ZIP CODE A

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

g) or (h). Joint Fundrais	sing Participant:		
1		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
	ed Organization, Affiliated Committee, Joint Fundra	aising Representativ	e, or Leadership PAC Sponsor
Mailing Address	PO BOX 3986		
	WASHINGTON	DC	20027
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Gormoo	cted Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC Sponso
Designated Agent: Iden	ntify by name, address (phone number – optional)		
	ntify by name, address (phone number – optional)		
Full Name	ntify by name, address (phone number – optional)		
Full Name			
Full Name	CITY	STATE A	ZIP CODE A
Full Name	ON V		
Full Name Mailing Address TITLE OR POSITIO	CITY ▲ CITY ▲ itories: List all banks or other depositories in which	STATE ▲	ZIP CODE A
Full Name Mailing Address TITLE OR POSITIO	CITY ▲ CITY ▲ itories: List all banks or other depositories in which	STATE ▲	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Banks or Other Depositions of Bank, Depository, etc.	CITY ▲ CITY ▲ itories: List all banks or other depositories in which	STATE ▲	ZIP CODE A

FEC Form 1S (Revised 02/2017) for Lines 5(g) or (h), 6, 8

1.			
		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
		 ∣ FEC ID number	C
4			
	Organization, Affiliated Committee, Joint F	Fundraising Representativ	e, or Leadership PAC Spor
FRIENDS OF JO	HN CORNYN		
	PO BOX 60148		
Mailing Address			
	WASHINGTON	DC DC	20039
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Connecte	d Organization X Affiliated Committee	Joint Fundraising Represent	ative Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – option	al)	
esignated Agent: Identif	y by name, address (phone number – option	al)	
	y by name, address (phone number – option	al)	
Full Name	y by name, address (phone number – option	al)	
Full Name	y by name, address (phone number – options		
Full Name Mailing Address	CITY A		ZIP CODE A
Full Name	CITY A		
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Full Name Mailing Address TITLE OR POSITION anks or Other Depositor dety deposit boxes or material deposition boxes or material depository, etc.	CITY A	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	CITY A	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor dety deposit boxes or material deposition 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

Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma ame of Bank, epository, etc. Mailing Address	▼ pries: List all ban	CITY ks or other depositories in w	STA		ZIP CODE ZIP CODE inds, holds accounts, rent
anks or Other Deposito afety deposit boxes or ma	▼ pries: List all ban	CITY A	STA	oer L	ZIP CODE A
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Mailing Address			1	, 1	
Mailing Address					
Mailing Address					
	1	<u> </u>			<u> </u>
Full Name					
	d Organization	Affiliated Committee X ess (phone number – optional	Joint Fundraising Re	presentative	Leadership PAC Sp
	d Organization				
Relationship:		CITY A		TATE A	ZIP CODE A
	BEVERLY			MA I	. 01915
Mailing Address					
Mailing Address	138 CONANT	STREET, SECOND FLOOR			
=	_	JNDRAISING COMM			
ame of Any Connected	Organization A	Affiliated Committee, Joint F	undraising Renres	entative. o	r Leadership PAC Spon
4.			FEC ID no	ımber C	
. 1			FEC ID no	ımber C	
3.			FEC ID no	ımber C	

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

1			<u></u>
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	l Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
SENATE FIREW	ALL 2020		
Mailing Address	901 N WASHINGTON ST, SUITE 700		
	ALEXANDRIA	, , VA	23214
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name		CTATE A	7ID CODE A
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	CITY ▲ Te ories: List all banks or other depositories in which	elephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mainly and the second	CITY ▲ Te ories: List all banks or other depositories in which	elephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or mame of Bank,	CITY ▲ Te ories: List all banks or other depositories in which	elephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY ▲ Te ories: List all banks or other depositories in which	elephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY ▲ Te ories: List all banks or other depositories in which	elephone Number	

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

TITLE OR POSITION Banks or Other Deposito safety deposit boxes or material deposit boxes or material depository, etc. Mailing Address			Telephone Number h the committee deposi	ts funds, holds accounts, rents
Banks or Other Deposito safety deposit boxes or management of Bank, Depository, etc.				ts funds, holds accounts, rents
Banks or Other Deposito safety deposit boxes or ma				ts funds, holds accounts, rents
Banks or Other Deposito				ts funds, holds accounts, rents
TITLE OR POSITION			Telephone Number	
TITLE OR POSITION				
	▼	CITY A	STATE ▲	ZIP CODE ▲
Mailing Address				
Designated Agent: Identify Full Name	by name, address	(phone number – optional)		
Connected	d Organization	Affiliated Committee X Joi	nt Fundraising Represent	Leadership PAC Spor
Relationship:		CITY A	STATE A	ZIP CODE ▲
	WASHINGTON		DC	20039
Mailing Address				
	PO BOX 60148			
Name of Any Connected THE VICTORY C	_	ated Committee, Joint Fund	draising Representativ	re, or Leadership PAC Sponso
4			FEC ID number	C
			FEC ID number	С
3.			FEC ID number	С
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FEC Form 1S (Revised 02/2017)

	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
	I Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spon
	List in the second seco		
Mailing Address	228 S WASHINGTON ST.		
	Suite 115		
	Alexandria	VA VA	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
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esignated Agent: Identi	fy by name, address (phone number – optional)		
	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank,	CITY ▲ CITY ▲ pries: List all banks or other depositories in which	Telephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank,	CITY ▲ CITY ▲ pries: List all banks or other depositories in which	Telephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY ▲ CITY ▲ pries: List all banks or other depositories in which	Telephone Number	
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi n	g randipant.		
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2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spon
WHITEFISH VICT	TORY		
Mailing Address	228 S WASHINGTON ST.		
a g	STE. 115		
	ALEXANDRIA	VA	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connected		Fundraising Representa	Leadership PAC Sp
Connected	d Organization Affiliated Committee	Fundraising Representa	Leadership PAC Sp
Connected esignated Agent: Identify	d Organization Affiliated Committee	Fundraising Representa	Leadership PAC Sp
Connected esignated Agent: Identify Full Name	d Organization Affiliated Committee	Fundraising Representa	Leadership PAC Sp
Connected esignated Agent: Identify Full Name	d Organization Affiliated Committee	Fundraising Representa	Leadership PAC Sp
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esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma ame of Bank, epository, etc.	Affiliated Committee y by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
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