FEC FORM 1	STATEMEN ORGANIZ		c	PAGE 1 / 7
1. NAME OF COMMITTEE (in full)	× (Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
			ND 2024	
ADDRESS (number and street)	PO BOX 9891			
(Check if address is changed)				
lo changed)	ARLINGTON		VA 22 STATE ▲	219 ZIP CODE ▲
COMMITTEE'S E-MAIL ADDR	ESS			
(Check if address is changed)				
is changed)	Optional Second E-Mail Add	dress		· · · · · · · · · · · · · · · · · · ·
COMMITTEE'S WEB PAGE A (Check if address is changed)				
	16 ⁷ <u>Y Y Y Y</u> 2024			
3. FEC IDENTIFICATION N	NUMBER ► C co	00829523		
4. 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 i	s true, correct and	d complete.
Type or Print Name of Treasu	er <u>GLAZE, KAYLA, , ,</u>			
Signature of Treasurer GL	AZE, KAYLA, , ,		Date 08	/ D D / Y Y Y Y 16 2024
NOTE: Submission of false, erro		may subject the person signing th FION SHOULD BE REPORTED V		e penalties of 52 U.S.C. §30109
Office Use Only		For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

Image# 202408169666374034

08/16/2024 14 : 45

FEC Form 1 (Revised 03/2022)	Page 2
. TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
(b) X This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	ne candidate
Name of Candidate HOVDE, ERIC, , ,	
Candidate Party Affiliation REP Office Sought: House X Senate President	State WI District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee: (National, State or subordinate) committee of the (Democration of the or subordinate)	c, , etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:
Corporation Corporation w/o Capital Stock Labor C	Organization
Membership Organization Trade Association Coopera	ative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	ed 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.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	

(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

Joint Fundraising Representative:

(i) 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.
 (j) 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.
 Committees Participating in Joint Fundraiser
 1.
 2.

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Write or Type Committee Name	

HOVDE FOR WI SENATE REPUBLICAN NOMINEE FUND 2024

б.	Name of Any Connected Or	ganization, Affiliated Co	ommittee, Joi	int Fundraising	Representative, or	Leadership PAC Sponsor
	Mailing Address	PO BOX 13026				
						78711
			CITY 🔺		STATE A	ZIP CODE
	Relationship: Connected	Organization Affiliated	d Organization	X Joint Fund	aising Representative	e Leadership PAC Sponsor

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

GL	ZE, KAYLA, , ,
Full Name	
Mailing Address	PO BOX 9891
	ARLINGTON VA 22219
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
	Telephone number

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer	GLAZE, KAYLA, , ,
Mailing Address	PO BOX 9891
	ARLINGTON VA 22219 Image:
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	•
	Telephone number

FEC Form 1 (Revised 02	2/20	009	9)																						Paç	ge 4	4	
Full Name of Designated Agent																												
Mailing Address																												
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Title or Position ▼																												
										-	Tele	əph	one	e n	umł	ber						- [- [

9. 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			
		MS 39157	
	CITY 🔺	STATE A	ZIP CODE
Name of Bank, I	Depository, etc.		
Mailing Address			
		VA 22101	

FEC Form 1S (Revised 02/2017)

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

5(g) or (h)). Joint Fundraising	g Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	С
	3.		FEC ID number	C
	4.		FEC ID number	С
6. Na	me of Any Connected (Organization, Affiliated Committee, Joint Fundra	nising Representative	or Leadership PAC Sponsor
	FRIENDS OF KENNE	•	asing hepresentative	
L				
L				
	Mailing Address	3337 NORTH HULLEN ST.		
		SUITE 301		
		METAIRIE		70002
	Relationship:		STATE A	ZIP CODE A
	Connected	Organization Affiliated Committee X Joint	Fundraising Representa	tive Leadership PAC Sponsor
8. De s	signated Agent: Identify	by name, address (phone number - optional)		
8. De s	signated Agent: Identify	by name, address (phone number – optional)		
8. Des		by name, address (phone number - optional)		
8. Des	Full Name	by name, address (phone number - optional)		
8. Des	Full Name	by name, address (phone number - optional)		
8. Des	Full Name			
8. Des	Full Name			
8. Des	Full Name			· · · · · · · · · · · · · · · · · · ·
9. Ba i	Full Name	Image: Image	ephone Number	
9. Bai safe Nar	Full Name Mailing Address TITLE OR POSITION	Image: Image	ephone Number	
9. Bai safe Nar	Full Name Mailing Address TITLE OR POSITION nks or Other Depositor rety deposit boxes or main me of Bank, pository, etc	Image: Image	ephone Number	
9. Bai safe Nar	Full Name	Image: Image	ephone Number	
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FEC Form 1S (Revised 02/2017)

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

	g Participant:											
					F	EC I	0 number	С				
					F	EC I	0 number	С				
					F	EC I	0 number	С				
					F	EC II	0 number	С				
		Affiliated Co	ommittee, ,	Joint Fur	ndraisir	ng Rej	oresentativ	ve, or L	eaders	hip P	AC Sp	oons
	NSIN											
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	MADISON						WI	5	3701		_1	
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	by name, addr	ress (phone	number –	optional)	1 1							
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E OR POSITION	· · · · · · · · · · · · · · · · · · ·	CI1	「Y▲							P COI		
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FEC Form 1S (Revised 02/2017)

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

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1. 🔤 🖂 🖂) number	С
2.			FEC IE) number	С
3.			FEC IE) number	С
4.			FEC IE) number	C
Name of Any Co	onnected Orga	nization, Affiliated Committee, Join	t Fundraising Rep	oresentative	e, or Leadership PAC Sponsor
WISCONSIN					
Mailing Add	dress				
	M	OUNTAIN BROOK	1	AL	35223
Relationshi	p:			STATE	
	Connected Orga	nization Affiliated Committee	× Joint Fundraising		ative Leadership PAC Spons
Full Name					
Mailing Addre					
Mailing Addre					
Mailing Addre					· · · · · · · · · · · · · · · · · · ·
TITLE OR F		CITY A	Telephone N		ZIP CODE ▲