FEC

STATEMENT OF

PAGE 1 / 12 •

ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) ASHLEY FOR IOWA PO BOX 811 ADDRESS (number and street) (Check if address is changed) MARION 52302 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address COMPLIANCE@RIGHTSIDECOMPLIANCE.COM is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2025 C00706267 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Type or Print Name of Treasurer HOBBS, CABELL, , HOBBS, CABELL, , , Date 11 04 2025 Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Federal Election Commission

Use Toll Free 800-424-9530 Only Local 202-694-1100

(Revised 06/2012)

| EC 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) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete information below.) | the candidate |
| Name of Candidate ARENHOLZ, ASHLEY, HINSON, , | <u> </u> |
| Candidate Party Affiliation REP Office Sought: House X Senate President | State IA District 00 |
| (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Name of Candidate | |
| Party Committee: | |
| (d) This committee is a (National, State or subordinate) committee of the Republica | tic, n, etc.) Party |
| Political Action Committee (PAC): | |
| (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected | eted organization is a: |
| Corporation Corporation w/o Capital Stock Labor | Organization |
| Membership Organization Trade Association Coope | erative |
| In addition, this committee is a Lobbyist/Registrant PAC. | |
| (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segrega committee. (i.e., nonconnected committee) | ted 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 committees/organizations, at least one of which is an authorized committee of a federal candidate. | or more political |
| (j) 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. | or more political |
| Committees Participating in Joint Fundraiser | |
| 1 | |

TREASURER

| | _ | | | |
|----|--|--|-------------------------------------|----------------------------|
| • | FEC Form 1 (Revised 0 | 2/2009) | | Page 3 |
| ٧ | Vrite or Type Committee Name | | | |
| | ASHLEY FOR IC | OWA | | |
| 6. | Name of Any Connected O | rganization, Affiliated Committee, Joint F | Fundraising Representative, or | Leadership PAC Sponsor |
| | Ashley Hinson Victor | y Committee | | |
| | | | | |
| | Mailing Address | PO Box 341027 | | |
| | | | | |
| | | Austin | TX | 78734 |
| | | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| | Relationship: Connected | Organization Affiliated Organization | Joint Fundraising Representativ | e Leadership PAC Sponso |
| | | | | |
| 7. | Custodian of Records: Ident books and records. | ify by name, address (phone number optio | onal) and position of the person ir | possession of committee |
| | HOBBS, C | ABELL, , , | | |
| | Full Name | | | |
| | Mailing Address | PO BOX 811 | | |
| | | | | |
| | | MARION | IA I | 52302 |
| | | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| | Title or Position ▼ | 0111 = | 01/11 L | 2.11 0002 — |
| | TREASURER | | Telephone number | |
| 8. | Treasurer: List the name and any designated agent (e.g., a | d address (phone number optional) of the assistant treasurer). | ne treasurer of the committee; a | nd the name and address of |
| | Full Name HOBBS, C | ABELL, , , | | |
| | of Treasurer | | | |
| | Mailing Address | PO BOX 811 | | |
| | | | | |
| | | MARION | IA L | 52302 |
| | Title or Position | CITY ▲ | STATE ▲ | ZIP CODE ▲ |

Telephone number

| FEC Form 1 | (Revised 02/2009) | Page 4 |
|-------------------------------------|--|-------------------|
| Full Name of Designated Agent | | |
| Mailing Address | | |
| | | |
| | | |
| Tills on Brailing | CITY ▲ STATE ▲ | ZIP CODE ▲ |
| Title or Position | | |
| Banks or Other safety deposit box | Depositories: List all banks or other depositories in which the committee deposits funds, hold ses or maintains funds. | s accounts, rents |
| Name of Bank, D | epository, etc. | |
| | WELLS FARGO BANK | |
| Mailing Address | - | |
| | BETHESDA , MD , 20814 | |
| | | |
| | CITY ▲ STATE ▲ | ZIP CODE ▲ |
| Name of Bank, D | epository, etc. | |
| | TRUIST | |
| Mailing Address | 2200 WILSON BLVD | |
| | STE 100 | |
| | ARLINGTON VA 22201 | |
| | CITY ▲ STATE ▲ | ZIP CODE ▲ |
| | | |

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

| (h). Joint Fundrais | ng raiticipant. | | |
|--|--|--|---|
| 1. | | FEC ID number | С |
| 2. | | FEC ID number | С |
| 3. | | FEC ID number | C |
| 4. | | FEC ID number | С |
| l | d Commission Affiliated Commission Laint Form | dusisia a Damas andadia | and and archin DAO Conne |
| PROTECT THE HO | d Organization, Affiliated Committee, Joint Fur USE 2024 | Idraising Representative | e, or Leadership PAC Spons |
| | | | |
| Mailing Address | PO BOX 30844 | | |
| | | | |
| | BETHESDA | MD | 20824 |
| Relationship: | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| | ed Organization Affiliated Committee X Joffy by name, address (phone number – optional) | oint Fundraising Represent | Leadership FAC Spc |
| | | int Fundraising Hepresent | Leaueisiip FAC SpC |
| esignated Agent: Ident | | int Fundraising Represent | Leadership PAC Spo |
| Pesignated Agent: Ident | | int Fundraising Hepresenta | Leaueisiip FAC SpC |
| Pesignated Agent: Ident | | int Fundraising Hepresenta | LeaderStrip FAC Spc |
| Pesignated Agent: Ident | fy by name, address (phone number – optional) | STATE A | ZIP CODE A |
| Pesignated Agent: Ident Full Name Mailing Address TITLE OR POSITION | fy by name, address (phone number – optional) | | |
| Full Name Mailing Address TITLE OR POSITION Canks or Other Deposite afety deposit boxes or necessity. | fy by name, address (phone number – optional) CITY ▲ Ories: List all banks or other depositories in which | STATE A Telephone Number | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION Canks or Other Deposite afety deposit boxes or not be boxes or not be boxes. CHAIL and the box of the box o | fy by name, address (phone number – optional) CITY CITY ories: List all banks or other depositories in which anaintains funds. N BRIDGE BANK 1445-A LAUGHLIN AVE | STATE Telephone Number ch the committee deposit | ZIP CODE s funds, holds accounts, rents |
| Full Name Mailing Address TITLE OR POSITION Canks or Other Deposite afety deposit boxes or not be boxes or not be boxes. CHAIL and the box of the box o | fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which an 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

| Connected O ING WOME | | | FEC I | D number D number D number | C C C or Leadership PAC Spons |
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| ING WOME | N 2024 | | FEC I | D number (| C |
| ING WOME | N 2024 | | | | |
| ING WOME | N 2024 | | Fundraising Re | presentative, | or Leadership PAC Spons |
| ING WOME | N 2024 | | | | |
| ddress | | N ST | | | |
| ddress | | N ST | | | |
| | STE 115 | | | | |
| | | | | | |
| | ALEXANDRIA | | | Ŭ VA □ | 22314 |
| nip: | | CITY A | | STATE ▲ | ZIP CODE ▲ |
| ress | <u> </u> | | | | |
| | <u> </u> | | | | |
| | l | | | 1 , 1 | 1 |
| POSITION V | , | CITY A | | STATE A | ZIP CODE ▲ |
| | | | Telephone N | lumber | |
| | ent: Identify b | ent: Identify by name, address (p | ent: Identify by name, address (phone number – option ress | ent: Identify by name, address (phone number – optional) ress CITY Telephone N | ent: Identify by name, address (phone number – optional) ress CITY STATE STATE |

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

| FEC ID number 3. 4. State \$\text{American Battleground Fund}} Relationship: FEC ID number FEC ID number C American Battleground Fund MD 20824 Felationship: CITY \$\text{American Battleground Fund}} STATE \$\text{American Battleground Fund}} Relationship: CITY \$\text{American Battleground Fund}} STATE \$\text{American Battleground Fund}} American Battleground Fund Bethesda | h). Joint Fundraisi | | FEC ID number | C |
|--|--|--|--------------------------|---------------------------|
| 3. | | | | |
| ame of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spot American Battleground Fund Mailing Address PO Box 30844 Bethesda Po Box 30844 Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ ZIP | | | | |
| ame of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spot American Battleground Fund Mailing Address PO Box 30844 Bethesda Relationship: CITY A STATE A ZIP CODE A Connected Organization Affiliated Committee Soloint Fundraising Representative Leadership PAC esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION CITY A STATE A ZIP CODE A Telephone Number — — — — — — — — — — — — — — — — — — — | | | | |
| American Battleground Fund Mailing Address PO Box 30844 Bethesda Bethesda Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TiTLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number Title OR Positiories: List all banks or other depositories in which the committee deposits funds, holds accounts, restlety deposit boxes or maintains funds. ame of Bank, epository, etc. | 4. | | FEC ID Hullibel | O |
| Mailing Address PO Box 30844 Bethesda Bethesda Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC esignated Agent: Identify by name, address (phone number − optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number Title OR Position ▼ Telephone Number Title OR Position ▼ Telephone Number Telephone Number Telephone Number Telephone Number | ame of Any Connected | l Organization, Affiliated Committee, Joint Fundr | raising Representative | e, or Leadership PAC Spon |
| Bethesda Bethesda Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TiTLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number | American Battlegrou | nd Fund | | 1 1 1 1 1 1 1 1 1 |
| Bethesda Bethesda Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TiTLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number | | | | |
| Relationship: CITY STATE ZIP CODE Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION CITY STATE ZIP CODE Telephone Number Telephone Number Telephone Number Telephone Number Telephone Starte Telephone Number Telephone Nu | Mailing Address | PO Box 30844 | | |
| Relationship: CITY STATE ZIP CODE Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION CITY STATE ZIP CODE Telephone Number Telephone Number Telephone Number Telephone Number Telephone Starte Telephone Number Telephone Nu | , and the second | | | |
| Connected Organization | | Bethesda | MD MD | 20824 |
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| TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number | | | t Fundraising Representa | Leadership PAC S |
| Telephone Number | esignated Agent: Identi | | t Fundraising Representa | Leadership PAC S |
| Telephone Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ | esignated Agent: Identi | | t Fundraising Representa | Leadership PAC S |
| Telephone Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ | esignated Agent: Identi | | t Fundraising Representa | Leadership PAC S |
| anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, reafety deposit boxes or maintains funds. ame of Bank, epository, etc. | esignated Agent: Identi | | t Fundraising Representa | Leadership PAC S |
| afety deposit boxes or maintains funds. ame of Bank, epository, etc. | esignated Agent: Identi Full Name Mailing Address | fy by name, address (phone number – optional) | | |
| afety deposit boxes or maintains funds. ame of Bank, epository, etc. | esignated Agent: Identi Full Name Mailing Address | fy by name, address (phone number – optional) CITY | STATE A | |
| epository, etc. | esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION | fy by name, address (phone number – optional) CITY Te | STATE A | ZIP CODE A |
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

| Page | of | 12 |
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| (h). Joint Fundraisi | ng raiticipant. | | |
|---|---|--------------------------|----------------------------|
| 1. | | FEC ID number | C |
| 2. | | FEC ID number | С |
| 3. | | FEC ID number | С |
| 4. | | FEC ID number | C |
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| lame of Any Connected | d Organization, Affiliated Committee, Joint Fund | Iraising Representativ | e, or Leadership PAC Spons |
| EMMER MAJORITY | BUILDERS | | |
| 1 | | | |
| | | | |
| Mailing Address | 824 S. MILLEDGE AVE. STE. 101 | | |
| | | | |
| | ATHENS | GA | 30605 |
| Relationship: | CITY ▲ | STATE A | ZIP CODE ▲ |
| | | | |
| | ed Organization Affiliated Committee X Join fy by name, address (phone number – optional) | nt Fundraising Represent | ative Leadership PAC Sp |
| | | nt Fundraising Represent | ative Leadership PAC Sp |
| esignated Agent: Identi | | nt Fundraising Represent | ative Leadership PAC Sp |
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| esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION | fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which | STATE A | ZIP CODE A |
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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 | d Organization, Affiliated Committee, Joint Fo | ındraising Representativ | re or Leadership PAC Spons |
| IOWA FRONTLINE | - | | |
| | | | |
| Mailing Address | 502 6TH STREET | | |
| | | | |
| | HUDSON | wi _ | 54016 |
| Relationship: | CITY ▲ | STATE A | ZIP CODE ▲ |
| Connecto | | Joint Fundraising Represen | tative Leadership PAC Sp |
| esignated Agent: Identi | ed Organization Affiliated Committee | | tative Leadership PAC Sp |
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| esignated Agent: Identification of the second of the secon | Affiliated Committee Affiliated Committee Y Ty by name, address (phone number – optional particular of the committee) CITY Ories: List all banks or other depositories in what intains funds. | STATE A Telephone Number | ZIP CODE A |
| esignated Agent: Identification of the composite of the c | Affiliated Committee Affiliated Committee Ty by name, address (phone number – optional number – opti | STATE Telephone Number iich the committee deposi | ZIP CODE A ts funds, holds accounts, rent |

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

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| 2. | | FEC I | D number | С |
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| lame of Any Connecte | d Organization, Affiliated Committee, J | oint Fundraising Re | presentative | e, or Leadership PAC Spon |
| ONE TEAM SENAT | E MAJORITY | | | |
| | | | | |
| | 404 055105 DADI/ DDIV/5 | | | |
| Mailing Address | 421 OFFICE PARK DRIVE | | | |
| | | | | |
| | MOUNTAIN BROOK | | AL | 35223 |
| Relationship: | CITY ▲ | | STATE ▲ | ZIP CODE ▲ |
| | ed Organization Affiliated Committee | X Joint Fundraisin | ng Representa | Leadership PAC Sp |
| | | | ng Representa | Leadership PAC Sp |
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| esignated Agent: Ident Full Name Mailing Address | ify by name, address (phone number – o | | Representation of the second o | Leadership PAC Sp |
| Pesignated Agent: Ident | ify by name, address (phone number – o | | STATE A | |

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

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| Page | of | 12 | |

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| 2. | | FEC ID number | С |
| | | FEC ID number | C |
| 3. | | FEC ID number | С |
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| lame of Any Connected | Organization, Affiliated Committee, Joint Fu | ndraicing Poprocontative | or Leadership BAC Spen |
| GOP WINNING WON | | Huraising Representative | |
| | | | |
| Mailing Address | 228 S WASHINGTON ST STE 115 | | |
| | | | |
| | ALEXANDRIA | VA VA | 22314 |
| Relationship: | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| Full Name | | | |
| Mailing Address | | | |
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| | ▼ CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| TITLE OR POSITION | | | |
| 1 | | Telephone Number | |
| Banks or Other Deposito afety deposit boxes or ma dame of Bank, depository, etc. | ries: List all banks or other depositories in whaintains funds. | ich the committee deposit | s funds, holds accounts, rent |
| canks or Other Deposito afety deposit boxes or ma | ries: List all banks or other depositories in whaintains funds. | ich the committee deposit | |
| Banks or Other Deposito afety deposit boxes or ma lame of Bank, Depository, etc. | ries: List all banks or other depositories in whaintains funds. | ich the committee deposit | |

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

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| 3. | | FEC ID number | C |
| 4. | | FEC ID number | С |
| | Organization, Affiliated Committee, Joint Fu | ndraising Representativ | e, or Leadership PAC Spons |
| TEAM HINSON | | | |
| | | | |
| Mailing Address | PO BOX 72100 | | |
| | | | |
| | NEWPORT | KY KY | 41072 |
| Relationship: | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| | d Organization Affiliated Committee X J | loint Fundraising Represent | ative Leadership PAC Spo |
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| Pesignated Agent: Identify Full Name Mailing Address TITLE OR POSITION | by name, address (phone number – optional | | |
| Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION | ries: List all banks or other depositories in whaintains funds. | STATE A Telephone Number | ZIP CODE A |
| Pesignated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Depositors afety deposit boxes or mail | ries: List all banks or other depositories in whaintains funds. | STATE A Telephone Number ich the committee deposi | ZIP CODE A |