Only

PAGE 1 / 22 =

FORM 1		Ol	RGAI	NIZ/	<b>4TI</b> (	NC												
													Off	ce Us	e Only	<i>y</i>		
1. NAME OF COMMITTEE (ir	ı full)		Check if na changed)	me		mple:If	typing nes.	, type		12	FE	4M5						
Grow the Ma	ajority	1 1 1 1	1 1 1	1 1 1		1 1	1 1	1 1	1 1	ı	1 1	ı	l I	1 1	ı	1 1	1 1	, I
																	1 1	
ADDRESS (number a	nd street)	228 S Wa	shington St	Ste 115														
(Check if a is changed																		
io onangoo	-,	Alexandria	a 								ATE	<b>L</b>	223	14	ZIF		 DE ▲	
COMMITTEE'S E-MA	AIL ADDRES	S																
(Check if a is changed		llisker@h	dlfec.com															
		Optional S	Second E-M	Mail Add	dress							ı						
COMMITTEE'S WEB  (Check if a is changed	address	RESS (UR	L)															
2. DATE 07	7 29		y y y 2025															
3. FEC IDENTIFIC	CATION NUM	MBER ▶		C co	0085837	'3												
4. IS THIS STATEM	MENT	NEW (	(N)	OR	×	Α	MEND	ED (A	١)									
certify that I have e	examined this	Statemer	it and to th	ne best	of my	knowle	dge an	d beli	ef it i	is tru	e, co	rrect	and	comp	olete.			
Type or Print Name	of Treasurer	Lisker, Lis	sa, , ,															
Signature of Treasure	er Lisker,	Lisa, , ,								Date		M 09	/	11	D /	Y	y 2025	YYY
NOTE: Submission of	false, erroneo		mplete infor											enalt	ties o	52 U	.S.C.	§30109
Office Use						Federa	rther inf I Electio ee 800-4	n Com	missio		:					<b>DRN</b> 06/201		<u> </u>

Local 202-694-1100

	_	
FE	EC Form 1 (Revised 03/2022)	Page <b>2</b>
5.	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 the cancinformation below.)	lidate
	Name of Candidate	
	Carididate	state
	Dis	strict
	(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 (Democratic, or subordinate) committee of the Republican, etc.)	Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	nization is a:
	Corporation Corporation w/o Capital Stock Labor Organiza	ation
	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 committee. (i.e., nonconnected committee)	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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, none of which is an authorized committee of a federal candidate.	political
	Committees Participating in Joint Fundraiser	
	1. MIKE JOHNSON FOR LOUISIANA C C00608695	
	2. AMERICAN REVIVAL PAC	

	FEC Form 1 (Revised 0)	2/2009)	Page <b>3</b>
V	Irite or Type Committee Name		
	Grow the Majorit	у	
6.	Name of Any Connected Or	ganization, Affiliated Committee, Joint Fundraising Representative, or Leade	rship PAC Sponsor
	NONE		
	Mailing Address		
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Representative	Leadership PAC Sponso
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number optional) and position of the person in posses	ssion of committee
	Lisker, Lisa Full Name	,,, 	
	Mailing Address	228 S Washington St Ste 115	
		Alexandria VA 22314	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number 703 - L	549 7705
8.	Treasurer: List the name and any designated agent (e.g., a	l address (phone number optional) of the treasurer of the committee; and the ssistant treasurer).	name and address of
	Full Name Lisker, Lisa of Treasurer	113	
	or freasurer	<sub>1</sub> 228 S Washington St Ste 115	
	Mailing Address		
		Alexandria VA 22314	
	Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
	Treasurer		549   7705

FEC Form	1 (Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent	Moose, Taylor, , ,	
Mailing Address	228 S Washington St Ste 115	
	Alexandria	22314
Title or Position	CITY ▲ STATE ▲	ZIP CODE ▲
Assistant Treasu		03
	<b>Depositories:</b> List all banks or other depositories in which the committee deposits foxes or maintains funds.	unds, holds accounts, rents
Name of Bank, I	Depository, etc.	
	Chain Bridge Bank	
Mailing Address	1445A Laughlin Ave	
	McLean VA	22101
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, I	Depository, etc.	
Mailing Address		
	CITY ▲ STATE ▲	ZIP CODE ▲

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

5(g) o	r(h). <b>Joint Fundraisin</b>	g Participant:		
	CONGRESSIONAL LEA	ADERSHIP FUND	FEC ID number	C C00504530
	2. NRCC		FEC ID number	C C00075820
	3. ALASKANS FOR NICH	K BEGICH	FEC ID number	C C00792341
	4. FRIENDS OF DAVID S	CHWEIKERT	FEC ID number	C C00540617
6.	Name of Any Connected	Organization, Affiliated Committee, Joint F	undraising Representati	ve, or Leadership PAC Sponsor
	Mailing Address			
	Relationship:	CITY ▲	STATE A	ZIP CODE ▲
8.	Designated Agent: Identify  Full Name	by name, address (phone number – optional	<b>n</b>	
8.		by name, address (phone number – optiona	i)	
8.	Full Name	by name, address (phone number – optional	i)	
8.	Full Name	by name, address (phone number – optional	l)	
8.	Full Name	CITY A	STATE A	ZIP CODE A
8.	Full Name Mailing Address  TITLE OR POSITION	CITY A		ZIP CODE A
9.	Full Name Mailing Address  TITLE OR POSITION	CITY A  ries: List all banks or other depositories in waintains funds.	STATE ▲ Telephone Number	its funds, holds accounts, rents
9.	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or ma	CITY A  ries: List all banks or other depositories in waintains funds.	STATE A  Telephone Number	its funds, holds accounts, rents
9.	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or main safety deposit boxes or main safety depository, etc.	CITY A  ries: List all banks or other depositories in waintains funds.	STATE A  Telephone Number	its funds, holds accounts, rents

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

(h). <b>Joint Fundraisi</b>				
1. ELI CRANE FOR CON	GRESS	FEC II	0 number	C C00784934
2. CISCOMANI FOR C	ONGRESS	FEC II	0 number	C C00786194
3. KEVIN KILEY FOR C	ONGRESS	FEC II	0 number	C C00801985
4. VALADAO FOR CON	GRESS	FEC II	) number	C C00499392
lame of Any Connected	Organization, Affiliated Committee,	Joint Fundraising Rep	oresentativ	e, or Leadership PAC Spons
Mailing Address				
Relationship:	CITY ▲		STATE ▲	ZIP CODE ▲
	Affiliated Committee  Ty by name, address (phone number –	Joint Fundraising	g Represent	ative Leadership PAC Sp
	_		g Representa	ative Leadership PAC Sp
esignated Agent: Identi	_		g Representa	Leadership PAC Sp
esignated Agent: Identi	_		g Representa	Leadership PAC Sp
esignated Agent: Identi	y by name, address (phone number –	optional)		
esignated Agent: Identi	by by name, address (phone number –	optional)	g Representa	Leadership PAC Sp
Pesignated Agent: Identi Full Name Mailing Address  TITLE OR POSITION	by by name, address (phone number –	optional)	STATE A	
Full Name  Mailing Address  TITLE OR POSITION  Lanks or Other Deposite afety deposit boxes or management of Bank,	city by name, address (phone number –	optional)  Telephone N	STATE A umber	ZIP CODE A  s funds, holds accounts, rent
Pesignated Agent: Idention Full Name Mailing Address  TITLE OR POSITION	city by name, address (phone number –	optional)  Telephone Notes in which the commit	STATE A umber	ZIP CODE A  s funds, holds accounts, rent
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite afety deposit boxes or make the property of the propert	city by name, address (phone number –	optional)  Telephone Notes in which the commit	STATE A umber	ZIP CODE A  s funds, holds accounts, rent

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

5(g) c	or(h). <b>Joint Fundraisin</b>	g Participant:		
	YOUNG KIM FOR CON	GRESS	FEC ID number	C C00665638
	2. KEN CALVERT FOR	CONGRESS COMMITTEE	FEC ID number	C C00257337
	JEFF HURD FOR COM	NGRESS	FEC ID number	C C00848333
	4. ELECTGABEEVANS.C	COM	FEC ID number	C C00849844
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Funda	raising Representative	e, or Leadership PAC Sponsor
	Mailing Address			
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	comicolor	d Organization Affiliated Committee Joint	Fundraising Representa	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 A	STATE A	ZIP CODE A
8.	Full Name   Mailing Address	CITY A	STATE A	ZIP CODE A
	Full Name      Mailing Address  TITLE OR POSITION	CITY A  ries: List all banks or other depositories in which sintains funds.	elephone Number the committee deposit	
	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or mail Name of Bank, Depository, etc.	CITY A  ries: List all banks or other depositories in which sintains funds.	elephone Number the committee deposit	s funds, holds accounts, rents
	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or mail Name of Bank,	CITY A  ries: List all banks or other depositories in which sintains funds.	elephone Number the committee deposit	s funds, holds accounts, rents

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

$\mathbf{J}(g)$ or (h). $\mathbf{J}$	oint Fundraising	Participant:				
1. L	NA PAULINA LUNA FO	OR CONGRESS		FEC	ID number	C C00718239
2. L	LLER-MEEKS FOR	CONGRESS		FEC	ID number	C C00558825
3. L	WANS FOR ZACH NU	JNN		FEC	ID number	C C00784389
4. HU	IZENGA FOR CONG	RESS		FEC	ID number	C C00459297
S. Name of A	Any Connected C	Organization, Aff	iliated Committee, Join	t Fundraising F	Representative	e, or Leadership PAC Sponsor
Maili	ng Address					
		1				
Relat	tionship:		CITY A		STATE A	ZIP CODE ▲
B. Designated	d Agent: Identify	by name, addres	ss (phone number – optic	onal)		
Full Na						
	ame					
Mailing	Address					
Mailing						
Mailing						
			CITY A		STATE A	ZIP CODE A
	Address OR POSITION		1	Telephone		ZIP CODE A
TITLE	Other Depositorionic boxis boxes or main	es: List all bank	s or other depositories in	which the com	Number	ZIP CODE   ZIP CODE   s funds, holds accounts, rents
D. Banks or of safety depository,	Other Depositorionsit boxes or main	es: List all bank	s or other depositories in	which the com	Number	s funds, holds accounts, rents
D. Banks or of safety depository,	Other Depositorionic boxis boxes or main	es: List all bank	s or other depositories in	which the com	Number	s funds, holds accounts, rents

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

r(h). <b>Joint Fundrais</b>	ing Participant:		
TOM BARRETT FOR	CONGRESS	FEC ID number	C C00793976
2. JOHN JAMES FOR	R CONGRESS, INC.	FEC ID number	C C00803502
3. ZINKE FOR CONGR	RESS	FEC ID number	C C00778159
4. DON BACON FOR C	CONGRESS	FEC ID number	C C00575167
Name of Any Connecte	d Organization, Affiliated Committee, Joint Fur	ndraising Representative	e, or Leadership PAC Sponsor
Mailing Address			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Designated Agent: Ident	ify by name, address (phone number – optional)		
	ify by name, address (phone number – optional)		
Full Name	ify by name, address (phone number – optional)		
Full Name	ify 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 POSITIO	CITY ▲  **Cories: List all banks or other depositories in which naintains funds.	Telephone Number	s funds, holds accounts, rents
Full Name  Mailing Address  TITLE OR POSITIO  Banks or Other Deposit safety deposit boxes or response to the posit boxes or response to the posit boxes.	CITY ▲  **Cories: List all banks or other depositories in which naintains funds.	Telephone Number	s funds, holds accounts, rents
Full Name  Mailing Address  TITLE OR POSITIO  Banks or Other Deposit safety deposit boxes or response to the position of the p	CITY ▲  **Cories: List all banks or other depositories in which naintains funds.	Telephone Number	s funds, holds accounts, rents
Full Name  Mailing Address  TITLE OR POSITIO  Banks or Other Deposit safety deposit boxes or response to the position of the p	CITY ▲  **Cories: List all banks or other depositories in which naintains funds.	Telephone Number	s funds, holds accounts, rents

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

5(g)	or(h). <b>Joint Fundraisin</b>	ng Participant:				
	KEAN FOR CONGRES	SS INC		FE	EC ID number	C C00703058
	2. LALOTA FOR CONC	GRESS		FE	EC ID number	C C00806018
	3. LAWLER FOR CONG	RESS, INC.		FE	EC ID number	C C00815415
	4. BRIAN FITZPATRICK	FOR ALL OF US		FE	EC ID number	C C00607416
6.	Name of Any Connected	Organization, Affilia	ted Committee, Joint	Fundraising	g Representativ	e, or Leadership PAC Sponsor
	Mailing Address					
	Relationship:	_	CITY A	_	STATE ▲	ZIP CODE ▲
	Connected	d Organization	Affiliated Committee	Joint Fund	raising Represent	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	y by name, address (	phone number – optio	nal)		
8.	Pull Name	y by name, address (	phone number – optio	nal)		
8.		y by name, address	phone number — optio	nal)		
8.	Full Name	y by name, address (	phone number – optio	nal)		
8.	Full Name	y by name, address (	phone number — optio	nal)		
8.	Full Name		phone number – optio	nal)	STATE A	ZIP CODE A
8.	Full Name		CITY A		STATE A	ZIP CODE A
9.	Full Name Mailing Address  TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or mail	vries: List all banks o	CITY A	Telepho	one Number	ZIP CODE A  ts funds, holds accounts, rents
	Full Name Mailing Address  TITLE OR POSITION  Banks or Other Deposito	vries: List all banks o	CITY A	Telepho	one Number	ts funds, holds accounts, rents
	Full Name Mailing Address  TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or mail Name of Bank,	vries: List all banks o	CITY A	Telepho	one Number	ts funds, holds accounts, rents
	Full Name Mailing Address  TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or mail Name of Bank, Depository, etc.	vries: List all banks o	CITY A	Telepho	one Number	ts funds, holds accounts, rents
	Full Name Mailing Address  TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or mail Name of Bank, Depository, etc.	vries: List all banks o	CITY A	Telepho	one Number	ts funds, holds accounts, rents

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

h). <b>Joint Fundraisi</b>			
1. MACKENZIE FOR CO	NGRESS COMMITTEE	FEC ID numb	er C C00846501
2. ROB FOR PA		FEC ID numb	er C C00852137
3. PATRIOTS FOR PER	RY	FEC ID numb	er C C00510164
4. MONICA FOR CONG	RESS	FEC ID numb	er C C00765719
ame of Any Connected	Organization, Affiliated Committee, Join	nt Fundraising Represent	ative, or Leadership PAC Spon
Mailing Address			
Relationship:	CITY ▲	STATE	ZIP CODE ▲
	Affiliated Committee  fy by name, address (phone number – opt	Joint Fundraising Repre-	sentative Leadership PAC Sp
	Affiliated Committee  fy by name, address (phone number – opt		sentative Leadership PAC Sp
esignated Agent: Identi	_		Sentative Leadership PAC Sp
esignated Agent: Identi	_		Sentative Leadership PAC Sp
esignated Agent: Identi	_		Sentative Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – opt		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – opt	ional)	
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank,	cories: List all banks or other depositories is aintains funds.	state Telephone Number	ZIP CODE A  Dosits funds, holds accounts, rent
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	cories: List all banks or other depositories is aintains funds.	STATE  Telephone Number  n which the committee dep	ZIP CODE A  Dosits funds, holds accounts, rent
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	cories: List all banks or other depositories is aintains funds.	STATE  Telephone Number  n which the committee dep	ZIP CODE A  Dosits funds, holds accounts, rent

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

h). <b>Joint Fundrais</b> i	CONGRESS	-	0 000444044
1.		FEC ID number	C C00441014
2. KIGGANS FOR CC	NGRESS	FEC ID number	C C00776120
3. STEIL FOR WISCOM	ISIN, INC.	FEC ID number	C C00677286
4. VAN ORDEN FOR C	ONGRESS	FEC ID number	C C00742007
ame of Any Connected	d Organization, Affiliated Committee, Joint Fu	ındraising Representativ	e, or Leadership PAC Spon
Mailing Address			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		Joint Fundraising Represent	Leadership PAC Sp
	fy by name, address (phone number – optional		Leadership PAC Sp
esignated Agent: Ident			Leadership PAC Sp
esignated Agent: Ident			Leadership PAC Sp
esignated Agent: Ident			Leadership PAC Sp
esignated Agent: Ident	fy by name, address (phone number – optional		Leadership PAC Sp
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional		
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional CITY A  CITY A  ories: List all banks or other depositories in what intains funds.	STATE A  Telephone Number	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 – optional CITY A  CITY A  ories: List all banks or other depositories in what intains funds.	STATE A  Telephone Number	ZIP CODE A
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or name of Bank,	fy by name, address (phone number – optional CITY A  CITY A  ories: List all banks or other depositories in what intains funds.	STATE  Telephone Number  iich the committee deposit	ZIP CODE A

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

GTM NOMINEE FUND: 0					
	CA-09		FEC	ID number	C C00894436
2. GTM NOMINEE FUNI	D: CA-13		FEC	ID number	C C00894444
3. GTM NOMINEE FUND:	: ME-02		FEC	ID number	C C00894451
4. GTM NOMINEE FUND:	MI-08		FEC	ID number	C C00894469
lame of Any Connected (	Organization, A	ffiliated Committee, Joint	Fundraising R	epresentativ	e, or Leadership PAC Sponsor
Mailing Address					
Relationship:		CITY ▲		STATE ▲	ZIP CODE ▲
esignated Agent: Identify	by name, addre	ess (phone number – option	nal)		
Full Name					
Full Name	1	1 1 1 1 1 1 1 1 1	1_1_1_1_1	<u> </u>	
Mailing Address		CITY A		STATE A	ZIP CODE A
Mailing Address  TITLE OR POSITION		CITY A	Telephone		ZIP CODE <b>A</b>

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

	ng Participant:		
GTM NOMINEE FUN	D: NC-01	FEC ID number	C C00894485
2. GTM NOMINEE FU	JND: NJ-09	FEC ID number	C C00894493
3. GTM NOMINEE FUI	ND: NM-02	FEC ID number	C C00894501
4. GTM NOMINEE FUI	ID: NV-03	FEC ID number	C C00894519
Name of Any Connecte	d Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Sponso
Mailing Address			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		oint Fundraising Represent	
	ify by name, address (phone number – optional)		
Designated Agent: Ident			
Designated Agent: Ident			Leadership PAC Spor
Designated Agent: Ident			
Designated Agent: Ident	ify by name, address (phone number – optional)		ZIP CODE A
Designated Agent: Ident Full Name L Mailing Address	ify by name, address (phone number – optional)		
Pesignated Agent: Identification  Full Name	cify by name, address (phone number – optional)  CITY   Ories: List all banks or other depositories in white naintains funds.	STATE A Telephone Number	ZIP CODE A  s funds, holds accounts, rents
Pesignated Agent: Identify Full Name    Mailing Address  TITLE OR POSITIO  Banks or Other Depositions between the safety deposit boxes or responsible to the safety deposit boxes or responsitory, etc.	cify by name, address (phone number – optional)  CITY   Ories: List all banks or other depositories in white naintains funds.	STATE A  Telephone Number  ch the committee deposit	ZIP CODE A  s funds, holds accounts, rents

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

	ng Participant:		
GTM NOMINEE FUND	: NY-03	FEC ID number	C C00894527
2. GTM NOMINEE FU	ND: OH-09	FEC ID number	C C00894535
3. GTM NOMINEE FUN	D: TX-28	FEC ID number	C C00894543
4. GTM NOMINEE FUNI	D: TX-34	FEC ID number	C C00894550
Name of Any Connected	Organization, Affiliated Committee, Joint Fu	ındraising Representativ	e, or Leadership PAC Sponsor
Mailing Address			
Delegranis			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Designated Agent: Identif	y by name, address (phone number – optional	)	
Designated Agent: Identif	y by name, address (phone number – optional	)	
	y by name, address (phone number – optional		
Full Name	y by name, address (phone number – optional		
Full Name	y by name, address (phone number – optional		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name   _   _   _   Mailing Address	CITY A		ZIP CODE A
Full Name   Mailing Address	CITY A  pries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	s funds, holds accounts, rents
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite safety deposit boxes or m  Name of Bank,	CITY A  pries: List all banks or other depositories in whaintains funds.	STATE A  Telephone Number	s funds, holds accounts, rents
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite safety deposit boxes or m  Name of Bank, Depository, etc.	CITY A  pries: List all banks or other depositories in whaintains funds.	STATE A  Telephone Number	s funds, holds accounts, rents

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

(h). <b>Joint Fundrais</b>	•		
1. GTM NOMINEE FUN	D: WA-03	FEC ID number	C C00894568
2. ALASKA REPUBLI	CAN PARTY	FEC ID number	C C00253260
3. REPUBLICAN PART	Y OF ARIZONA, LLC	FEC ID number	C C00008227
4. CALIFORNIA REPU	BLICAN PARTY FEDERAL ACCT.	FEC ID number	C C00140590
lame of Any Connected	d Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spons
Mailing Address			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee Jef fy by name, address (phone number – optional)	oint Fundraising Represent	Leadership PAC Sp
			Leadership PAC Sp
esignated Agent: Ident			Leadership PAC Sp
esignated Agent: Ident			Leadership PAC Sp
esignated Agent: Ident			Leadership PAC Sp
esignated Agent: Ident	fy by name, address (phone number – optional)		Leadership PAC Sp
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)		
esignated Agent: Ident Full Name Mailing Address  TITLE OR POSITION Lanks or Other Deposit afety deposit boxes or name and the control of the control	fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in whi	STATE A Telephone Number	ZIP CODE A
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  LITTING OR POSITION  anks or Other Deposit	fy by name, address (phone number – optional)  CITY   Ories: List all banks or other depositories in white naintains funds.	STATE A  Telephone Number	ZIP CODE 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 – optional)  CITY   Ories: List all banks or other depositories in white naintains funds.	STATE A  Telephone Number	ZIP CODE A
esignated Agent: Ident Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or name of Bank, repository, etc.	fy by name, address (phone number – optional)  CITY   Ories: List all banks or other depositories in white naintains funds.	STATE A  Telephone Number	ZIP CODE A

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

5(g) or (h).	Joint Fundraisin	ng Participant:				
1	REPUBLICAN PARTY	OF FLORIDA		FEC	ID number	C C00099259
2	2.   INDIANA REPUBLIC	CAN STATE COMMIT	TEE, INC.	FEC	ID number	C C00006486
3	REPUBLICAN PARTY	OF IOWA		FEC	ID number	C C00014498
4	4. REPUBLICAN PARTY	OF LOUISIANA		FEC	ID number	C C00187450
6. <b>Nam</b>	ne of Any Connected	Organization, Affil	liated Committee, Joint	Fundraising	Representativo	e, or Leadership PAC Sponsor
L						
	Mailing Address					
	Relationship:		CITY A		STATE ▲	ZIP CODE ▲
8. <b>Desi</b>	ignated Agent: Identify	y by name, address	s (phone number – optio	nal)		
f	Full Name					
	Full Name					
1			CITY A		STATE A	ZIP CODE A
1	Mailing Address  TITLE OR POSITION		1	Telephone		ZIP CODE A
e. Banl safet Nam	Mailing Address  TITLE OR POSITION	ries: List all banks	or other depositories in	which the con	Number	ZIP CODE A  s funds, holds accounts, rents
e. <b>Banl</b> safet	Mailing Address  TITLE OR POSITION  ks or Other Deposito ty deposit boxes or ma	ries: List all banks	or other depositories in	which the con	Number	s funds, holds accounts, rents
e. <b>Banl</b> safet	Mailing Address  TITLE OR POSITION  ks or Other Deposito ty deposit boxes or ma	ries: List all banks	or other depositories in	which the con	Number	s funds, holds accounts, rents

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

	ng Participant:		
1. MAINE REPUBLICAN	PARTY	FEC ID number	C C00003111
2. MICHIGAN REPUB	LICAN PARTY	FEC ID number	C C00041160
3. MONTANA REPUBLI	CAN STATE CENTRAL COMMITTEE	FEC ID number	C C00008086
4. NEVADA REPUBLIC	AN CENTRAL COMMITTEE	FEC ID number	C C00082925
Name of Any Connected	Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spons
Mailing Address			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Designated Agent: Identi	y by name, address (phone number – optional)		
	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name   _   _   Mailing Address	CITY A	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite afety deposit boxes or management of Bank,	CITY ▲  CITY ▲  pries: List all banks or other depositories in whice aintains funds.	Telephone Number	s funds, holds accounts, rents
Full Name   _   _   Mailing Address  TITLE OR POSITION	CITY ▲  CITY ▲  pries: List all banks or other depositories in whice aintains funds.	Telephone Number	s funds, holds accounts, rents
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite safety deposit boxes or management of Bank, Depository, etc.	CITY   CITY   City   pries: List all banks or other depositories in which aintains funds.	Telephone Number	s funds, holds accounts, rents

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

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	22

(g) or (h). <b>Joint Fundraisin</b>	ıg Participant:		
NEW HAMPSHIRE REI	PUBLICAN STATE COMMITTEE	FEC ID number	C C00136457
2. REPUBLICAN CAMP	PAIGN COMMITTEE OF NEW MEXICO	FEC ID number	C C00020818
NY REPUBLICAN FEI	DERAL CAMPAIGN COMMITTEE	FEC ID number	C C00055582
4. NORTH CAROLINA R	EPUBLICAN PARTY	FEC ID number	C C00038505
. Name of Any Connected	Organization, Affiliated Committee, Joint Funda	raising Representative	e, or Leadership PAC Sponsor
Mailing Address			
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connected	d Organization Affiliated Committee Joint	t Fundraising Representa	ative Leadership PAC Sponsor
. <b>Designated Agent:</b> Identify	y by name, address (phone number - optional)		
Full Name			
Mailing Address			
TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
	1	elephone Number	
Banks or Other Deposito safety deposit boxes or ma	ories: List all banks or other depositories in which aintains funds.	the committee deposits	s funds, holds accounts, rents
Depository, etc.			
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲

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

5(g) or (h). <b>Joint Fundraising</b>	g Participant:		
OHIO REPUBLICAN PAI	RTY STATE CENTRAL & EXECUTIVE COMMITTEE	FEC ID number	C C00162339
2. OREGON REPUBLIC	AN PARTY	FEC ID number	C C00153031
REPUBLICAN FEDERA	AL COMMITTEE OF PENNSYLVANIA	FEC ID number	C C00044842
4. REPUBLICAN PARTY	OF TEXAS	FEC ID number	C C00143743
6. Name of Any Connected (	Organization, Affiliated Committee, Joint Fundra	uising Representativ	e, or Leadership PAC Sponsor
Mailing Address			
Dalatianahin	OTTV		7ID 00D5 1
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
8. <b>Designated Agent:</b> Identify  Full Name	by name, address (phone number – optional)		
Mailing Address			
TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
	Tel	ephone Number	
<ol> <li>Banks or Other Depositor safety deposit boxes or main safety deposit boxes or main safety depository, etc.</li> </ol>		he committee deposit	
Name of Bank, Depository, etc.	intains funds.		
safety deposit boxes or mai	intains funds.		

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

r(h). <b>Joint Fundrais</b>	ing Participant:		
1. REPUBLICAN PARTY	7 OF VIRGINIA INC	FEC ID number	C C00001305
2. REPUBLICAN PAR	RTY OF WISCONSIN	FEC ID number	C C00074450
3. REPUBLICAN NATIO	ONAL COMMITTEE	FEC ID number	C C00003418
4. GTM Nominee Fund	FL-23	FEC ID number	C C00919415
Name of Any Connected	d Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Sponsor
Mailing Address			
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connect			
	ify by name, address (phone number – optional)		
Designated Agent: Ident	ify by name, address (phone number – optional)		
Designated Agent: Ident	ify by name, address (phone number – optional)		
Designated Agent: Ident	ify by name, address (phone number – optional)		
Designated Agent: Ident  Full Name  Mailing Address	CITY A	STATE A	ZIP CODE A
Designated Agent: Ident	CITY A	STATE A Telephone Number	ZIP CODE A
Designated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITIO	CITY ▲  Cories: List all banks or other depositories in which analytical straight of the content of the conten	Telephone Number	s funds, holds accounts, rents
Pull Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite safety deposite boxes or not be made and the safety deposite boxes or not be made and	CITY ▲  Cories: List all banks or other depositories in which analytical straight of the content of the conten	Telephone Number	s funds, holds accounts, rents
Pull Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositions afety deposit boxes or name of Bank, Depository, etc.	CITY ▲  Cories: List all banks or other depositories in which analytical straight of the content of the conten	Telephone Number	s funds, holds accounts, rents
Pull Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositions afety deposit boxes or name of Bank, Depository, etc.	CITY ▲  Cories: List all banks or other depositories in which analytical straight of the content of the conten	Telephone Number	s funds, holds accounts, rents

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

(h). <b>Joint Fundraisin</b>	g Participant:				
GTM Nominee Fund: MI	-10 		FEC II	number	C C00919431
2. GTM Nominee Fund:	NE-02		FEC II	number	C C00919449
3. GTM Nominee Fund: N	IV-01		FEC II	number	C C00919456
4. GTM Nominee Fund: C	)H-13		FEC II	) number	C C00919464
lame of Any Connected	Organization, Af	filiated Committee, Joint	Fundraising Rep	presentativ	e, or Leadership PAC Sponsor
Mailing Address					
Relationship:		CITY ▲		STATE A	ZIP CODE ▲
	d Organization	Affiliated Committee ss (phone number – option	Joint Fundraising	g Represent	ative Leadership PAC Spor
				g Representa	ative Leadership PAC Spon
Designated Agent: Identify				g Represent	ative Leadership PAC Spon
Pesignated Agent: Identify				g Represent	Leadership PAC Spon
Pesignated Agent: Identify				g Represent	Leadership PAC Spor
Pesignated Agent: Identify  Full Name    Mailing Address	by name, addres		nal)	g Represent	Leadership PAC Spon
Pesignated Agent: Identify  Full Name	by name, addres	ss (phone number – option	nal)	STATE A	
Pesignated Agent: Identify  Full Name	by name, addres	ss (phone number – option	nal)	STATE A	
Pesignated Agent: Identify  Full Name	v by name, address	ss (phone number – option	Telephone N	STATE A umber	ZIP CODE A
Full Name	v by name, address	ss (phone number – option	Telephone N	STATE A umber	
Full Name Mailing Address  TITLE OR POSITION  Banks or Other Depositor afety deposit boxes or mail	v by name, address	ss (phone number – option	Telephone N	STATE A umber	ZIP CODE A
Full Name	v by name, address	ss (phone number – option	Telephone N	STATE A umber	ZIP CODE A