Only

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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. Josh Hawley for Senate PO BOX 31476 ADDRESS (number and street) (Check if address is changed) ST. LOUIS 63131 MO 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.joshhawley.com (Check if address is changed) DATE 04 2022 C00652727 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. Purpura, Salvatore, , , Type or Print Name of Treasurer Purpura, Salvatore, , , [Electronically Filed] 04 2022 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

Local 202-694-1100

FEC	Form 1 (Revised 02/2009)	Page 2
	COMMITTEE	
	ate Committee: This committee is a principal campaign committee. (Complete the candidate information below	v.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Co information below.)	•
Name of Candidat	Hawley, Joshua, David, Sen,	
Candidat Party Aff	DED Times	State MO District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidat		
Party C	ommittee: (National, State	(Democratic,
(d)	This committee is a or subordinate) committee of the	Republican, etc.) Party.
Politica	I Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	onnected 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 scommittee. (i.e., nonconnected committee)	segregated 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 F	ndraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for 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 committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political
C	ommittees Participating in Joint Fundraiser	
1	FEC ID number C	
2	FEC ID number	
3		
4		

FEC Form 1 (Rev	ised 02/2009)	Page 3
Write or Type Committee	Name	
Josh Hawley	for Senate	
	ted Organization, Affiliated Committee, Joint Fundraising Representative, o	or Leadership PAC Sponsor
CRAMER-HAWLE	Y VICTORY FUND	
Mailing Address	PO BOX 26141	
	ALEXANDRIA VA	22313
	CITY STATE	ZIP CODE
	Affiliated Committee Joint Fundraising Representation: Identify by name, address (phone number optional) and position of the per	
books and records.		
Purp Full Name	ura, Salvatore, , ,	
	6334 Pumpernickel Lane	
Mailing Address		
	Monroe NC	28110
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	04 - 668 - 1993
Treasurer: List the name any designated agent (control of the control of the cont	ne and address (phone number optional) of the treasurer of the committee; a e.g., assistant treasurer).	and the name and address of
Full Name Purport Purp	ura, Salvatore , , ,	
Mailing Address	6334 Pumpernickel Lane	
	Monroe NC	28110
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	04 - 668 - 1993

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Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit boxes of Name of Bank, Deposi	itory, etc.	
safety deposit boxes of Name of Bank, Deposi	r maintains funds. itory, etc. AT 1717 King St	2314
safety deposit boxes of Name of Bank, Deposi	r maintains funds. itory, etc. 8 T 1717 King St	2314 ZIP CODE
safety deposit boxes of Name of Bank, Deposi	r maintains funds. itory, etc. Alexandria CITY STATE	
safety deposit boxes of Name of Bank, Deposition Mailing Address Name of Bank, Deposition	r maintains funds. itory, etc. 1717 King St Alexandria CITY STATE	
safety deposit boxes of Name of Bank, Deposition Mailing Address Name of Bank, Deposition	r maintains funds. itory, etc. 8-T 1717 King St Alexandria CITY STATE itory, etc.	
safety deposit boxes of Name of Bank, Deposition Mailing Address Name of Bank, Deposition	r maintains funds. itory, etc. 1717 King St Alexandria CITY STATE	
safety deposit boxes of Name of Bank, Deposit BB Mailing Address Name of Bank, Deposit Characteristics of Bank, Deposit Characteris	r maintains funds. itory, etc. 8-T 1717 King St Alexandria CITY STATE itory, etc.	
safety deposit boxes of Name of Bank, Deposit BB Mailing Address Name of Bank, Deposit Characteristics of Bank, Deposit Characteris	r maintains funds. itory, etc. Alexandria CITY STATE 1445A Laughlin Ave	

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(h). Joint Fundraisi	ng Farticipant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
		FEC ID number	С
4.			
lame of Any Connected	d Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
	/-ME STRONG COMMITTEE		
Mailing Address	PO BOX 31476		
	ST LOUIS	, MO	63131
Relationship:	CITY ▲	STATE ▲	ZIP CODE A
		01/112 =	
	ed Organization Affiliated Committee Joint Joint fy by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
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esignated Agent: Identi			Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, EAGL	fy by name, address (phone number – optional) CITY CITY To ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, EAGL	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which naintains funds.	STATE A	ZIP CODE A
esignated Agent: Identii Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or manager of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY To ories: List all banks or other depositories in which naintains funds. E BANK	STATE A	ZIP CODE A
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 To ories: List all banks or other depositories in which naintains funds. E BANK	STATE A	ZIP CODE A

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Page ____ **of** _____

	1 1 1	
ories: List all banks or other depositories in whaintains funds.	icii ine committee deposit	s iurias, noias accounts, rents
wrige: Liet all hanks or other depositories is wh	ich the committee denseit	e funde holde accounte vanta
	Telephone Number	
CITY ▲	STATE ▲	ZIP CODE ▲
		Leadership PAC Spo
		ZIP CODE ▲
		, 22314
. 220 C WACHINGTON CT		
Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Spons
	FEC ID number	C
	J	C
	J	C
	-	
	Organization, Affiliated Committee, Joint Fundamental Committee 228 S WASHINGTON ST. STE. 115 ALEXANDRIA CITY Organization Affiliated Committee V J CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY	Organization, Affiliated Committee, Joint Fundraising Representative ommittee 228 S WASHINGTON ST. STE. 115 ALEXANDRIA CITY A STATE A d Organization Affiliated Committee

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

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1.			
		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	l Organization, Affiliated Committee, Joint Fu	ındraising Representativ	ve, or Leadership PAC Spon
HAWLEY WIN FU	UND 		
	₁ PO BOX 9891		
Mailing Address			
	ARLINGTON	VA VA	22219
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
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			
Full Name	CITY A		ZIP CODE A
Full Name	CITY A	STATE A	

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

Page ____ **of** ______

TITLE OR POSITION	ries: List all banks or other depos	Telepho	STATE Anne Number	ZIP CODE ZIP CODE s funds, holds accounts, rent
anks or Other Deposito afety deposit boxes or material ame of Bank, epository, etc.	CITY A	Telepho	ne Number	ZIP CODE A
TITLE OR POSITION anks or Other Depositor defety deposit boxes or material depositions are of Bank,	CITY A	Telepho	ne Number	ZIP CODE A
TITLE OR POSITION	CITY A	Telepho	ne Number	ZIP CODE A
	CITY A			
	CITY A			
J			STATE A	
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Mailing Address	1			
esignated Agent: Identif	by name, address (phone number	er – optional)		
Connected	d Organization Affiliated Comm	nittee X Joint Fund	raising Representa	ative Leadership PAC Sp
Relationship:	CITY A		STATE ▲	ZIP CODE ▲
	ARLINGTON		VA	22219
Mailing Address	PO BOX 9891			
	Organization, Affiliated Committ		g Representative	e, or Leadership PAC Spons
4.				
. 1			EC ID number	C
3.			EC ID number	C
3.		ı FI	EC ID number EC ID number	C
1				

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

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h). Joint Fundraisi	ig Participant:				
1			FEC ID num	ber C	
2.			FEC ID num	ber C	
3.			FEC ID num	ber C	
4.			FEC ID num	ber C	
ame of Any Connected	Organization, Affiliated Co	mmittee, Joint Fund	raising Represer	ntative, or	Leadership PAC Spon
JOSH HAWLEY					
<u> </u>					
	DO DOV 04470				
Mailing Address	PO BOX 31476				
	ST LOUIS		N		63131
Relationship:	C	ITY 🛦	STA	 ΓΕ Δ	ZIP CODE ▲
			t Fundraising Repr	esentative	Leadership PAC S
Connecte		Committee X Join	t Fundraising Repr	esentative	Leadership PAC S
Connecte	d Organization Affiliated	Committee X Join	t Fundraising Repr	esentative	Leadership PAC S
Connecte	d Organization Affiliated	Committee X Join	t Fundraising Repr	esentative	Leadership PAC S
esignated Agent: Identification	d Organization Affiliated	Committee X Join	t Fundraising Repr	esentative	Leadership PAC S
esignated Agent: Identification	d Organization Affiliated by by name, address (phone	Committee X Join	t Fundraising Repr	esentative	Leadership PAC S
esignated Agent: Identification Full Name Mailing Address	d Organization Affiliated y by name, address (phone	Committee X Join	t Fundraising Repr		
esignated Agent: Identification	d Organization Affiliated y by name, address (phone	Committee			
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	d Organization Affiliated by by name, address (phone CIT CIT Pries: List all banks or other	Committee	STATE		ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	d Organization Affiliated by by name, address (phone CIT CIT Pries: List all banks or other	Committee	STATE		ZIP CODE A
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or(h). Joint Fundraisi	ng Participant:		
1		FEC ID number	C
2		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
	Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Sponsor
PROTECTING T	HE MAJORITY		
Mailing Address	228 S WASHINGTON ST.		
	STE. 115		
	ALEXANDRIA	VA	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee	nt Fundraising Representa	Leadership PAC Spons
Full Name	fy by name, address (phone number – optional)		
TITLE OR POSITION	CITY A	STATE A	
Lilia de Position		Telephone Number	
Banks or Other Deposite safety deposit boxes or many Name of Bank, Depository, etc. Mailing Address	pries: List all banks or other depositories in which aintains funds.	h the committee deposit	s funds, holds accounts, rents

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9.	Banks or Other Depositor	ries: List all banks or other depositories in which t	lephone Number	s funds, holds accounts, rents
			lephone Number	
	TITLE OR POSITION	I	STATE ▲	ZIP CODE ▲
	Mailing Address			
	Full Name			
8.	Designated Agent: Identify	by name, address (phone number – optional)		
	Connected	Organization Affiliated Committee	Fundraising Representa	
	Relationship:	CITY ▲	STATE A	ZIP CODE A
		ALEXANDRIA	ı VA ı	, 22314
	Mailing Address	228 S WASHINGTON ST. STE. 115		
	The Founders Cor	nmittee		
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
	4.		FEC ID number	C
	3		FEC ID number	C
	2.		FEC ID number	C
	1		FEC ID number	C

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

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	g Participant:				
1.				FEC ID number	C
2.				FEC ID number	C
3.				FEC ID number	С
4.				FEC ID number	С
=	_	liated Committee, Jo	oint Fundrais	sing Representativ	re, or Leadership PAC Spor
Winsome Leaders	5 II 				
AA-Tha Aadaa	901 N Washingto	on St			
Mailing Address	Suite 700				
					, 22314
D.1.11	Alexandria			VA	
Relationship:		CITY ▲		STATE A	ZIP CODE ▲
		Affiliated Committee	Joint Fl	indraising Represen	tative Leadership PAC S
	Organization	Allillated Colliniates	Joint Fl	undraising Represent	tative Leadership PAC S
esignated Agent: Identify		'		indraising Represen	Leadership PAC S
Full Name		'		Indicationing Represent	Leadership PAC S
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Full Name	by name, address	s (phone number – o	optional)		
Full Name	by name, address	s (phone number – o	optional)		
Full Name	by name, address	s (phone number – o	optional)	STATE A	
Full Name	by name, address	s (phone number – o	optional)		
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Full Name Mailing Address TITLE OR POSITION anks or Other Depositor of the deposition boxes or main arms of Bank,	by name, address	city 🛦	optional) Tele	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor of the deposition boxes or main arms of Bank,	by name, address	city 🛦	optional) Tele	STATE A	ZIP CODE A
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