FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Fighting for Missouri PAC 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) (Check if address is changed) DATE 04 2022 C00692640 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

EEA	Form 1 (Revised 02/2009)	Page 2
	F COMMITTEE	1 aye 2
Candid	late 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. (Cominformation below.)	plete the candidate
Name of Candida		
Candida Party Af	3.1133	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candida		
Party (Committee:	
(d)		(Democratic, Republican, etc.) Party
Politic	al Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nected organization is
. ,	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 se committee. (i.e., nonconnected committee)	gregated 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	undraising Representative:	
(g)	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.	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.	o or more political
(committees Participating in Joint Fundraiser	
1	. C	
2	. FEC ID number	
3	. FEC ID number	
2	.	

FEC Form 1 (Revised 0)	2/2009)	Page 3
Write or Type Committee Name		, age o
Fighting for Miss	souri PAC	
	ganization, Affiliated Committee, Joint Fundraising Representative, o	or Loadorchin DAC Sponsor
_		in Leadership PAC Sportsor
HAWLEY, JOSHUA DA	(VID, , , 	
	_ 	
Mailing Address	PO BOX 31476	
	ST LOUIS MO	63131
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representati	ive Leadership PAC Sponso
. Custodian of Records: Ident books and records.	ify by name, address (phone number optional) and position of the per	rson in possession of committee
	SALVATORE,,,	
Full Name	6334 PUMPERNICKEL LANE	
Mailing Address		
	MONROE	.28110
	MONROE	20110
Title or Position	CITY STATE	ZIP CODE
TREASURER	Telephone number	04 668 - 1993
3. Treasurer: List the name and any designated agent (e.g., as	address (phone number optional) of the treasurer of the committee; a sistant treasurer).	and the name and address of
Full Name PURPURA, of Treasurer	SALVATORE, , ,	
	6334 PUMPERNICKEL LANE	
	MONROE NC	28110
	CITY STATE	ZIP CODE
Title or Position TREASURER	Telephone number	04 668 - 1993

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	Full Name of Designated Agent	PURPURA, SALVATORE, , ,	
	Mailing Address	6334 PUMPERNICKEL LANE	
		MONROE NC 28110 CITY STATE ZIP C	ODE
	Title or Position TREASURER		1993
	Banks or Other safety deposit bo	Depositories: List all banks or other depositories in which the committee deposits funds, holds accordance or maintains funds.	ounts, rents
	Name of Bank, [Depository, etc.	
		BB&T	
	Mailing Address	1909 K ST NW	
		WASHINGTON DC 20006	
		CITY STATE ZIP C	CODE
	Name of Bank, [Depository, etc.	
		CHAIN BRIDGE BANK	
	Mailing Address	1445 A LAUGHLIN AVE	
		MCLEAN VA 22101	
		CITY STATE ZIP C	CODE

FEC Form 1S (Revised 02/2017)

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

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h). Joint Fundraisi r		FEC ID number	C
		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		T LO ID Humber	0
ame of Any Connected	Organization, Affiliated Committee, Joint Funds	raising Representative	e, or Leadership PAC Spon
HAWLEY VICTO	RY COMMITTEE		
	228 S. WASHINGTON STREET		
Mailing Address			
	SUITE 115		
	ALEXANDRIA	VA	22314
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	d Organization	t Fundraising Representa	ative Leadership PAC S
		t Fundraising Representa	Leadership PAC S
esignated Agent: Identif		t Fundraising Representa	Leadership PAC S
esignated Agent: Identif		t Fundraising Representation	Leadership PAC S
esignated Agent: Identif		t Fundraising Representation	Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional)	t Fundraising Representation	Leadership PAC S
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional) CITY		
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposito	y by name, address (phone number – optional) CITY CITY Teleprises: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank,	y by name, address (phone number – optional) CITY CITY Teleprises: List all banks or other depositories in which	STATE A	ZIP CODE A
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esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY CITY Teleprises: 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

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1		FEC ID number	С
2.		1 LO 12 Hamber	0
		FEC ID number	C
3.		FEC ID number	C
4		FEC ID number	С
Name of Any Connecte JOSH HAWLEY	ed Organization, Affiliated Committee, Joint Fur	ndraising Representative	e, or Leadership PAC Spons
Mailing Address	PO BOX 31476		
	ST LOUIS	MO	63131
			710 0005 1
	CITY ▲ sted Organization	STATE ▲ nint Fundraising Representa	ZIP CODE ▲ ative Leadership PAC Spo
Connect Designated Agent: Iden Full Name	eted Organization Affiliated Committee		
Connect Connec	eted Organization Affiliated Committee		
Connect Con	eted Organization Affiliated Committee		
Designated Agent: Iden Full Name Mailing Address	atted Organization Affiliated Committee X Journal Journal Affiliated Committee X Journal Journal Affiliated Committee X Journal Journa	oint Fundraising Represent	ative Leadership PAC Spo
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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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	C
-				
6. N		Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
	HAWLEY SHOW-	ME STRONG COMMITTEE		
	Marilia v. Aalahaa a	PO BOX 31476		
	Mailing Address			
		CT LOUIS	MO	62424
	B.1	ST LOUIS	MO MO	63131
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	d Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC Sponsor
_				
8. C	Pesignated Agent: Identify	/ by name, address (phone number - optional)		
8. C	Pesignated Agent: Identify	/ by name, address (phone number – optional)		
- 8. C	Full Name	y by name, address (phone number – optional)		
- 8. C		by name, address (phone number – optional)		
- 8. C	Full Name	by name, address (phone number – optional)		
 8. C	Full Name		CTATE A	7ID CODE A
- 8. C	Full Name	CITY A	STATE A	ZIP CODE A
- 8. C	Full Name	CITY A	STATE A ephone Number	
_	Full Name Mailing Address TITLE OR POSITION	CITY A	ephone Number	ZIP CODE 🛦
_ Э. Е	Full Name Mailing Address TITLE OR POSITION	CITY A Tele ries: List all banks or other depositories in which the	ephone Number	ZIP CODE 🛦
— 9. E	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito afety deposit boxes or ma	CITY A Tele ries: List all banks or other depositories in which the	ephone Number	ZIP CODE 🛦
— Э. Е	Full Name Mailing Address TITLE OR POSITION	CITY A Tele ries: List all banks or other depositories in which the	ephone Number	ZIP CODE 🛦
— Э. Е	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito afety deposit boxes or mails and the second states of Bank,	CITY A Tele ries: List all banks or other depositories in which the	ephone Number	ZIP CODE 🛦
— Э. Е	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito afety deposit boxes or mail after deposit boxes or mail	CITY A Tele ries: List all banks or other depositories in which the	ephone Number	ZIP CODE 🛦
– 9. E 8	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito afety deposit boxes or mail after deposit boxes or mail	CITY A Tele ries: List all banks or other depositories in which the	ephone Number	ZIP CODE 🛦