**FEC** 

Only

# STATEMENT OF

PAGE 1/8 •

**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Womack for Congress Committee PO Box 508 ADDRESS (number and street) (Check if address is changed) Rogers 72757-0508 AR CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address mike@womackforcongress.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) womackforcongress.com (Check if address is changed) DATE 2024 C00477745 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. Type or Print Name of Treasurer Eldredge, Michael, C,, Eldredge, Michael, C,, Date 80 15 2024 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 (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

EC Form 1 (Revised 03/2022)	Page <b>2</b>
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) X 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 Womack, Stephen, A, The Hon,	
Candidate Party Affiliation REP Sought: X House Senate President	State AR District 03
(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 Republication	atic, an, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conne	cted organization is a:
Corporation Corporation w/o Capital Stock Labor	r Organization
	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 segregation committee. (i.e., nonconnected committee)	ated 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.	o 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.	o or more political
Committees Participating in Joint Fundraiser	
1 C	

I	FEC Form 1 (Revised 0.	2/2009)	Page <b>3</b>
٧	Vrite or Type Committee Name	gress Committee	
6.		ganization, Affiliated Committee, Joint Fundraising Representative, or	Landarship BAC Spansor
0.	Womack Majority Fur		Leadership FAC Sponsor
	VVOITIGOR Wajority 1 di		
	Mailing Address	PO Box 508	
		1	
		Rogers   AR	72757-0508
	_	CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Representative	Leadership PAC Sponso
7.	Custodian of Records: Idention books and records.	fy by name, address (phone number optional) and position of the person in	possession of committee
	Eldredge, N	fichael, C, ,	
	Full Name		
	Mailing Address	PO Box 2487	
		Rogers	72757-2487
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼	5 5 5 5 5 5 5 5	002_
	Custodian of Records	Telephone number	
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; are ssistant treasurer).	nd the name and address of
	Full Name Eldredge, N	1ichael, C, ,	
	of Treasurer		
	Mailing Address	PO Box 2487	
		Rogers	72757-2487
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	_ 586 4874

FEC Form 1 (Revise	d 02/2009)		Page <b>4</b>
Full Name of Designated Agent			
Mailing Address			
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
L		Telephone number	
Banks or Other Deposit safety deposit boxes or m	ories: List all banks or other depositories in valintains funds.	which the committee deposits fur	nds, holds accounts, rents
Name of Bank, Depositor	y, etc.		
Arves	t Bank		
Mailing Address	4201 J B Hunt Dr		
	Rogers	AR	72758-5095
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, Depositor	y, etc.		
Chain	Bridge Bank		
Mailing Address	1445-A Laughlin Ave		
	McLean	VA VA	22101
	CITY ▲	STATE ▲	ZIP CODE ▲

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

Page \_\_\_ **of** 8\_\_\_

Scalise Leadership Fund 20.  Mailing Address  Relationship:  Connected Organia  Pesignated Agent: Identify by nar  Full Name  Mailing Address  TITLE OR POSITION   TITLE OR POSITION	st St SE  ington  CITY	STAT  Joint Fundraising Repre	per C	
3. 4. Scalise Leadership Fund 20. Mailing Address  Mailing Address  Relationship:  Connected Organia  Connected Organia  Pesignated Agent: Identify by nare  Mailing Address  TITLE OR POSITION   TITLE OR POSITION   Sanks or Other Depositories: List	st St SE  ington  CITY   Affiliated Committee	FEC ID numb  FEC ID numb  FEC ID numb  Fundraising Represent  STAT	cer C  tative, or Leadership PAC Sp  20003-1838  ZIP CODE A	
A. Scalise Leadership Fund 20.  Mailing Address  Relationship:  Connected Organia  Connected Organia  Pesignated Agent: Identify by nare  Mailing Address  TITLE OR POSITION   TITLE OR POSITION   Sanks or Other Depositories: Lis	st St SE  ington  CITY   Affiliated Committee	FEC ID numbers.  Fundraising Represent  STAT	tative, or Leadership PAC Sp	
Name of Any Connected Organia Scalise Leadership Fund 20 Mailing Address  Relationship: Connected Organia  Connected Organia  Pesignated Agent: Identify by nare  Full Name Mailing Address  TITLE OR POSITION   TITLE OR POSITION   Sanks or Other Depositories: Lis	st St SE  ington  CITY   Affiliated Committee	Fundraising Represent  DO  STAT  Joint Fundraising Repre	tative, or Leadership PAC Sp	
Scalise Leadership Fund 20.  Mailing Address  Mailing Address  Relationship:  Connected Organic  Pesignated Agent: Identify by nar  Full Name  Mailing Address  TITLE OR POSITION   TITLE OR POSITION   Sanks or Other Depositories: Lis	st St SE  ington  CITY   Affiliated Committee	STAT  Joint Fundraising Repre	20003-1838 E A ZIP CODE A	
Mailing Address    320	st St SE  ington  CITY   Affiliated Committee	STAT  Joint Fundraising Repre	E A ZIP CODE 4	
Mailing Address  Was  Relationship:  Connected Organi  Designated Agent: Identify by nar  Full Name  Mailing Address  TITLE OR POSITION ▼  Agents or Other Depositories: Lis	cington  CITY   Affiliated Committee	STAT  Joint Fundraising Repre	E A ZIP CODE 4	
Mailing Address  Was  Relationship:  Connected Organi  Designated Agent: Identify by nar  Full Name  Mailing Address  TITLE OR POSITION ▼  Agents or Other Depositories: Lis	cington  CITY   Affiliated Committee	STAT  Joint Fundraising Repre	E A ZIP CODE 4	
Relationship:  Connected Organic  Designated Agent: Identify by nar  Full Name  Mailing Address  TITLE OR POSITION  TITLE OR POSITION  Banks or Other Depositories: Lis	CITY   Affiliated Committee	STAT  Joint Fundraising Repre	E A ZIP CODE 4	
Relationship:  Connected Organic  Designated Agent: Identify by nar  Full Name  Mailing Address  TITLE OR POSITION  TITLE OR POSITION  Banks or Other Depositories: Lis	CITY   Affiliated Committee	STAT  Joint Fundraising Repre	E A ZIP CODE 4	
Connected Organic  Designated Agent: Identify by nar  Full Name  Mailing Address  TITLE OR POSITION  TITLE OR POSITION  Banks or Other Depositories: Lis	Affiliated Committee	Joint Fundraising Repre		
Pesignated Agent: Identify by nar  Full Name			esentative Leadership PAC	Spo
TITLE OR POSITION ▼				
Banks or Other Depositories: Lis				
Banks or Other Depositories: Lis				
Banks or Other Depositories: Lis	CITY ▲	STATE		
Banks or Other Depositories: Lis	J			
		Telephone Number		
Name of Bank, Classic City E		which the committee de	posits funds, holds accounts, r	en
L_⊥_ ⊥Ather				
	3	GA	A    30606	

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

Page \_\_\_ **of** 8\_\_\_

(h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
7th Inning Stretch	d Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spons
Mailing Address	824 S Milledge Ave		
	Ste 101		
	Athens	GA	30605-1332
		STATE ▲	ZIP CODE ▲
	CITY ▲  ed Organization	int Fundraising Represent	ative Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name	ed Organization Affiliated Committee X Jo		ative Leadership PAC Spo
Connects  Designated Agent: Identify	ed Organization Affiliated Committee X Jo		ative Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name	ed Organization Affiliated Committee X Jo		ative Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name	ed Organization Affiliated Committee X Jo	int Fundraising Represent	
Connecte  Designated Agent: Identi  Full Name	ed Organization Affiliated Committee X Jo		Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	ed Organization Affiliated Committee X Jo  ify by name, address (phone number – optional)  CITY ▲	int Fundraising Represent	
Connected Designated Agent: Identify Full Name Mailing Address  TITLE OR POSITION CONTROL CONT	ed Organization Affiliated Committee    Jo  ify by name, address (phone number – optional)  CITY ▲  Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address  TITLE OR POSITION Deposit afety deposit boxes or make the property of the prop	Affiliated Committee	STATE A Telephone Number	ZIP CODE A

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

Page \_\_\_ **of** 8\_\_\_

h). <b>Joint Fundraisi</b>	ng Participant:				
1.			FEC ID	number	C
2.			FEC ID	number	С
3.			FEC ID	number	С
4.			FEC ID	number	С
lame of Any Connected	Organization, Affiliate	ed Committee, Joint F	undraising Repre	esentative	e, or Leadership PAC Spon
Mailing Address					
Relationship:		CITY ▲		STATE A	ZIP CODE ▲
Connecte	ed Organization Affi	iliated Committee	Joint Fundraising I	Representa	ative Leadership PAC Sp
esignated Agent: Identi				Representa	Leadership PAC Sp
				Representa	Leadership PAC Sp
esignated Agent: Identi				Representa	Leadership PAC Sp
esignated Agent: Identi				Representa	Leadership PAC Sp
esignated Agent: Identi				Representa	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (pf		al)	Representa	Leadership PAC Sp
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (pf	hone number – optiona	al)	TATE A	
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (pf	hone number – optiona	al)	TATE A	
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (pl	hone number – optiona	Telephone Nur	TATE A	
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or management.	fy by name, address (pl	hone number – optiona	Telephone Nur	TATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or management.	fy by name, address (pl	hone number – optiona	Telephone Nur	TATE A	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management of Bank, General Control of	fy by name, address (pl	hone number – optional	Telephone Nur	TATE A	ZIP CODE A
esignated Agent: Identification Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management of Bank, general epository, etc.	fy by name, address (pl	hone number – optional	Telephone Nur	TATE A	ZIP CODE A
esignated Agent: Identification Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management of Bank, general epository, etc.	fy by name, address (pl	hone number – optional	Telephone Nur	TATE A	ZIP CODE A

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

Page \_\_\_ **of** 8

(h). Joint Fundraisi	ng Participant:				
1.			FEC II	O number	С
2.			FEC II	O number	С
3			FEC II	O number	C
4.			FEC II	O number	C
Name of Any Connected	Organization, Affi	liated Committee, Joint	Fundraising Re	presentativ	e, or Leadership PAC Spons
Mailing Address					
Relationship:		CITY A		L STATE ▲	ZIP CODE A
riolationionip.				SIAIL A	ZII OODL A
	ed Organization	Affiliated Committee	Joint Fundraisin	g Represent	ative Leadership PAC Spo
Pesignated Agent: Identi				g Representa	ative Leadership PAC Spo
Designated Agent: Identi				g Represent	ative Leadership PAC Spo
Pesignated Agent: Identi				g Representa	ative Leadership PAC Spr
Pesignated Agent: Identi		s (phone number – option	nal)		
Pesignated Agent: Identi	fy by name, address		nal)	g Represent	Leadership PAC Spr
Pesignated Agent: Identi  Full Name  Mailing Address	fy by name, address	s (phone number – option	nal)	STATE A	
Pesignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite afety deposit boxes or markets	fy by name, address	city a	Telephone N	STATE A	
Pesignated Agent: Identic Full Name	fy by name, address	city a	Telephone N	STATE A	ZIP CODE A