Only

PAGE 1 / 8 =

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. RAND PAUL FOR US SENATE PO BOX 72928 ADDRESS (number and street) (Check if address is changed) **NEWPORT** 41072 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS PAUL@BROGHAMERLLC.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) WWW.RANDPAUL.COM (Check if address is changed) DATE 2022 C00496075 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. BROGHAMER, KEVIN, , , Type or Print Name of Treasurer BROGHAMER, KEVIN, , , [Electronically Filed] 07 2022 Signature of Treasurer Date 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

E	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 the information below.)	candidate
	Name of Candidate PAUL, RAND, , ,	
	Candidate Party Affiliation REP Office Sought: House Senate President	State KY District 00
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	00
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican, e	etc.) Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	organization is a:
	Corporation Corporation w/o Capital Stock Labor Org	anization
	Membership Organization Trade Association Cooperation	<i>v</i> e
	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 committee. (i.e., nonconnected committee)	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 or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Committees Participating in Joint Fundraiser	
	1	

1	FEC Form 1 (Revised 0	12/2009)		Page 3
٧	Vrite or Type Committee Name	OR US SENATE		
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint	Fundraising Representative, or L	eadership PAC Sponsor
	TEAM RAND			
	Mailing Address	PO BOX 190		
		NEWPORT	KY KY	41072
		CITY ▲	STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization	✗ Joint Fundraising Representative	Leadership PAC Sponso
7.	Custodian of Records: Ident books and records.	ify by name, address (phone number opt	ional) and position of the person in p	oossession of committee
	BROGHAM	IER, KEVIN, , ,		
	Full Name			
	Mailing Address	PO BOX 72928		
		NEWPORT	KY KY	41072
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	TREASURER		Telephone number	
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of assistant treasurer).	the treasurer of the committee; and	I the name and address of
	Full Name BROGHAM	IER, KEVIN, , ,		
	of Treasurer			
	Mailing Address	PO BOX 72928		
		NEWPORT	KY L	41072
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	TREASURER		Telephone number	

FEC Form 1	(Revised 02/2009)		Page 4
Full Name of Designated Agent	BROGHAMER, KEVIN, , ,		
Mailing Address	PO BOX 72928		
	NEWPORT	KY KY	41072
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
TREASURER		ne number	
	Depositories: List all banks or other depositories in which the coxes or maintains funds.	mmittee deposits fur	nds, holds accounts, rents
Name of Bank, D	Depository, etc.		
	CHAIN BRIDGE BANK		
Mailing Address	1445-A LAUGHLIN AVE		
	MCLEAN	VA	22101
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, D	Depository, etc.		
	TRUIST		
Mailing Address	1445 NEW YORK AVE NW		
	4TH FLOOR		
	WASHINGTON	DC	20005
	CITY A	STATE ▲	ZIP CODE ▲

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

FEC Form 1S (Revised 02/2017)

Page _5_ **of** 8___

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
3.		Organization, Affiliated Committee, Joint Fundra	ising Representative	, or Leadership PAC Sponsor
	CORNYN VICTOR	RY COMMITTEE		.
	Mailing Address	PO BOX 13026		
		AUSTIN	TX	78711
	Relationship:	CITY A	STATE A	ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint F	Fundraising Representa	tive Leadership PAC Sponsor
3.	Designated Agent: Identify	by name, address (phone number - optional)		
3.	Designated Agent: Identify Full Name	by name, address (phone number – optional)		
3.		by name, address (phone number – optional)		
3.	Full Name	by name, address (phone number – optional)		
3.	Full Name	by name, address (phone number – optional)		
3.	Full Name	CITY		
3.	Full Name	CITY	STATE A	ZIP CODE A
3.	Full Name	CITY		
33.	Full Name	CITY A	STATE A	ZIP CODE A
3.	Full Name	CITY A Tele ies: List all banks or other depositories in which the	STATE A	ZIP CODE A
3.	Full Name	CITY CITY Tele ies: List all banks or other depositories in which the intains funds.	STATE A	ZIP CODE A
3.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or ma Name of Bank, FIDELI	CITY CITY Tele ies: List all banks or other depositories in which the intains funds.	STATE A	ZIP CODE A
3.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or matching boxes or matching between the pository, etc.	CITY CITY Tele ies: List all banks or other depositories in which the intains funds. TY	STATE A	ZIP CODE A
3.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or matching boxes or matching between the pository, etc.	CITY CITY Tele ies: List all banks or other depositories in which the intains funds. TY	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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

Page ___ **of** ____

(h). Joint Fundraisi	ig i di tioipanti		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
TAKE BACK THE	Organization, Affiliated Committee, Joint Fur	ndraising Representativ	re, or Leadership PAC Spons
Mailing Address	PO BOX 9891		
	ARLINGTON	VA VA	22219
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee X Jobs Jobs Jobs Jobs Jobs Jobs Jobs Jobs	oint Fundraising Represent	tative Leadership PAC Sp
			Leadership PAC Sp
esignated Agent: Identif			Leadership PAC Sp
esignated Agent: Identif			Leadership PAC Sp
esignated Agent: Identif			Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)		Leadership PAC Sp
Pesignated Agent: Identification Full Name Mailing Address	y by name, address (phone number – optional)		
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	cy by name, address (phone number – optional) CITY CITY Pries: 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 make the property of the proposition of Bank, depository, etc.	cy by name, address (phone number – optional) CITY CITY Pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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

Page ____ **of** ____

(h). Joint Fundraisir	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4		FEC ID number	C
Name of Any Connected	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spons
Mailing Address	228 S. WASHINGTON STREET		
Č	SUITE 115		
	ALEXANDRIA	VA	22314
Relationship:	CITY A	STATE A	ZIP CODE ▲
Connecte		nt Fundraising Representa	ative Leadership PAC Spo
Connecte	d Organization Affiliated Committee		ative Leadership PAC Spo
Connecte Designated Agent: Identif	d Organization Affiliated Committee		ative Leadership PAC Spo
Connecte Designated Agent: Identif	d Organization Affiliated Committee		Leadership PAC Spo
Connecte Designated Agent: Identif	d Organization Affiliated Committee Joint	nt Fundraising Representa	
Connecte Designated Agent: Identif	d Organization Affiliated Committee y Join y by name, address (phone number – optional)		Leadership PAC Spo
Connecte Designated Agent: Identif Full Name Mailing Address	Affiliated Committee y by name, address (phone number – optional) CITY	nt Fundraising Representa	
Connecte Designated Agent: Identification Full Name Mailing Address TITLE OR POSITION	Affiliated Committee y Join y by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
Connecte Designated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposites Safety deposit boxes or make the composition of Bank, Depository, etc.	Affiliated Committee y Join y by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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

Page ____ **of** ____

(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
=	Organization, Affiliated Committee, Joint Fund S CLASSIC COMMITTEE	draising Representative	e, or Leadership PAC Spons
Mailing Address	228 S. WASHINGTON STREET		
	SUITE 115		<u> </u>
	ALEXANDRIA	VA L	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Identif	y by name, address (phone number – optional)	nt Fundraising Representa	Leadership 1710 op
esignated Agent: Identif	y by name, address (phone number – optional)		Leadership 1776 op
	y by name, address (phone number – optional)		Leadership PAC Sp
Full Name	y by name, address (phone number – optional)		Leudolonip 1770 op
Full Name	y by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A		
Full Name Mailing Address TITLE OR POSITION	CITY A pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or make the second process of the second	CITY A pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A