FEC

Only

STATEMENT OF

PAGE 1 / 22 •

ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Republican Party of Texas PO Box 2206 ADDRESS (number and street) (Check if address is changed) Austin 78768-2206 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address texasgop@campaignfinancial.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) https://www.texasgop.org/ (Check if address is changed) DATE 2024 C00143743 FEC IDENTIFICATION NUMBER 3. X OR IS THIS STATEMENT NEW (N) 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 Tate, Fred,, Date 02 07 2024 Signature of Treasurer Tate, Fred, , , 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

| FE | 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.) | e candidate |
| | Name of Candidate '''', '''', '''', '''' | |
| | Candidate Office Party Affiliation Sought: House Senate President | State |
| | (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| | Name of Candidate | |
| | Party Committee: | |
| | (d) X This committee is a STA (National, State or subordinate) committee of the REP (Democratic Republican, | |
| | Political Action Committee (PAC): | |
| | (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected | d organization is a: |
| | Corporation Corporation w/o Capital Stock Labor O | rganization |
| | Membership Organization Trade Association Coopera | _ |
| | 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) | d 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 PA | AC). |
| | In addition, this committee is a Lobbyist/Registrant PAC. | , |
| | | |
| | Joint Fundraising Representative: This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o | r more political |
| | (i) committee collects contributions, pays full draising expenses and disburses her proceeds for two of committees/organizations, at least one of which is an authorized committee of a federal candidate. | i more political |
| | (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, none of which is an authorized committee of a federal candidate. | r more political |
| | Committees Participating in Joint Fundraiser | |
| | 1 C | |
| | | |

| | FEC Form 1 (Revised 0 | 2/2009) | Page 3 |
|------------|---|--|----------------------|
| ۷ | Vrite or Type Committee Name | | |
| | Republican Party | | |
| 6. | - | rganization, Affiliated Committee, Joint Fundraising Representative, or Leadersh | ip PAC Sponsor |
| | Harris County Repub | ilican Paπy | |
| | | | |
| | Mailing Address | 2501A Central Parkway | |
| | | | |
| | | Houston TX 77092-77 | 16 |
| | | CITY ▲ STATE ▲ Z | IP CODE ▲ |
| | Relationship: Connected | | eadership PAC Sponso |
| | Tiolationismp. | Organization 7 Anniated Organization Contest and along Propresentative | addising 1770 opened |
| 7 . | Custodian of Records: Ident books and records. | ify by name, address (phone number optional) and position of the person in possession | n of committee |
| | Hall, Jenni | er,,, | |
| | Full Name | | |
| | Mailing Address | PO Box 2206 | |
| | | | |
| | | Austin | - |
| | | CITY ▲ STATE ▲ Z | IP CODE ▲ |
| | Title or Position ▼ | | |
| | Custodian of Records | Telephone number 512 - 4 | 77 9821 |
| 8. | Treasurer: List the name an any designated agent (e.g., a | d address (phone number optional) of the treasurer of the committee; and the names assistant treasurer). | ne and address of |
| | Full Name Tate, Fred, of Treasurer | ,, | |
| | | PO Box 2206 | |
| | Mailing Address | | |
| | | | |
| | | Austin TX 78768 | |
| | | CITY ▲ STATE ▲ Z | IP CODE ▲ |
| | Title or Position ▼ | | |
| | Treasurer | | 77 - 9821 |

| FEC Form 1 (Revised | 02/2009) | | Page 4 |
|--|---|--------------------|----------------------------|
| Full Name of Designated Hall, Jenr Agent | iifer, , , | | |
| Mailing Address | PO Box 2206 | | |
| | | | |
| | Austin | TX | 78768 |
| Title or Position ▼ | CITY A | STATE ▲ | ZIP CODE ▲ |
| Designated Agent | Telephone r | number 51. | 2 477 - 9821 |
| Banks or Other Depositori safety deposit boxes or mai | ies: List all banks or other depositories in which the commintains funds. | nittee deposits fu | nds, holds accounts, rents |
| Name of Bank, Depository, | etc. | | |
| BB&T | | | |
| Mailing Address | 1909 K St. NW | | |
| | | | |
| | Washington | DC | 20006 |
| | CITY A | STATE ▲ | ZIP CODE ▲ |
| Name of Bank, Depository, | etc. | | |
| BB&T | | | |
| Mailing Address | 2200 Wilson Blvd Suite 100 | | |
| | | | |
| | Arlington | _ VA | 22201 |
| | CITY A | STATE ▲ | ZIP CODE ▲ |

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

| (h). Joint Fundrais i | 9 | | |
|--|--|----------------------------|----------------------------|
| 1. | | FEC ID number | С |
| 2. | | FEC ID number | C |
| 3. | | FEC ID number | С |
| 4. | | FEC ID number | С |
| | | | |
| lame of Any Connected PROTECT THE HO | d Organization, Affiliated Committee, Joint Fur | ndraising Representative | e, or Leadership PAC Spons |
| | | | |
| | | | |
| Mailing Address | PO Box 30844 | | |
| | | | |
| | Bethesda | | 20824 |
| Relationship: | CITY A | STATE A | ZIP CODE ▲ |
| | ed Organization Affiliated Committee X Joffy by name, address (phone number – optional) | int Fundraising Represent | Leadership PAC Sp |
| | | int Fundraising Represent | Leadership PAC Sp |
| esignated Agent: Ident | | int Fundraising Represent | Leadership PAC Sp |
| esignated Agent: Ident | | int Fundraising Represent | Leadership PAC Sp |
| esignated Agent: Ident | | int Fundraising Represent | Leadership PAC Sp |
| esignated Agent: Ident | fy by name, address (phone number – optional) | sint Fundraising Represent | Leadership PAC Sp |
| esignated Agent: Ident Full Name Mailing Address | fy by name, address (phone number – optional) | | |
| esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or necessity. | fy by name, address (phone number – optional) CITY Ories: List all banks or other depositories in which | 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 negative deposit boxes or negative deposit boxes. | fy by name, address (phone number – optional) CITY Ories: List all banks or other depositories in which anintains 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 CITY Ories: List all banks or other depositories in which an aintains 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 CITY Ories: List all banks or other depositories in which an aintains funds. | STATE A Telephone Number | ZIP CODE A |

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 | С |
| 2. | | FEC ID number | С |
| 3. | | FEC ID number | C |
| 4. | | FEC ID number | С |
| Name of Any Connected | l Organization, Affiliated Committee, Joint Fu | ndraising Representativ | e, or Leadership PAC Sponso |
| | | | |
| | | | |
| Mailing Address | 1005 CONGRESS AVENUE | | |
| | SUITE 400 | | |
| | AUSTIN | | 78701 |
| | | STATE ▲ | ZIP CODE ▲ |
| | CITY ▲ ed Organization Affiliated Committee fy by name, address (phone number – optional) | oint Fundraising Represent | ative Leadership PAC Spo |
| Connecte Designated Agent: Identi Full Name | ed Organization Affiliated Committee X J | oint Fundraising Represent | ative Leadership PAC Spo |
| Connecte Connecte Connecte Connecte Connecte | ed Organization Affiliated Committee X J | oint Fundraising Represent | ative Leadership PAC Spo |
| Connecte Designated Agent: Identi Full Name | ed Organization Affiliated Committee X J | oint Fundraising Represent | ative Leadership PAC Spo |
| Connecte Designated Agent: Identi Full Name | Affiliated Committee X J | oint Fundraising Represent | |
| Connecte Designated Agent: Identi Full Name | Affiliated Committee X J | oint Fundraising Represent | Leadership PAC Spo |
| Connecte Designated Agent: Identi Full Name Mailing Address | Affiliated Committee X J | oint Fundraising Represent | |
| Connecte Designated Agent: Identi Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit safety deposit boxes or many part of the content o | Affiliated Committee X J fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in wh | oint Fundraising Represent | ZIP CODE A |
| Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite Safety deposit boxes or management of Bank, Depository, etc. | Affiliated Committee Affiliated Committee Type by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in what a a line and a li | oint Fundraising Represent | ZIP CODE A |

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

| 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 Fundr | aising Representativ | e, or Leadership PAC Spons |
| Dallas County Repub | lican Party | | |
| | | | |
| | | | |
| Mailing Address | 11617 N. Central Expressway | | |
| | | | |
| | Dallas | TX | 75243-3800 |
| Relationship: | CITY A | STATE A | ZIP CODE ▲ |
| | | 01/112 = | 211 0002 2 |
| Connected | d Organization X Affiliated Committee Joint y by name, address (phone number – optional) | Fundraising Represent | ative Leadership PAC Spo |
| Connected | | Fundraising Represent | Leadership PAC Spo |
| Connected Connected Designated Agent: Identify | | Fundraising Represent | Leadership PAC Spo |
| Connected Designated Agent: Identify Full Name | | Fundraising Represent | Leadership PAC Spo |
| Connected Designated Agent: Identify Full Name | | Fundraising Represent | Leadership PAC Spo |
| Connected Designated Agent: Identify Full Name Mailing Address | by name, address (phone number – optional) | Fundraising Represent | Leadership PAC Spo |
| Connected Designated Agent: Identify Full Name | by name, address (phone number – optional) CITY | | |

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

| 1 | | | | | | | |
|--------------------------------------|-------------------------|---------------------|--|------------------|--------------|--------------------|------------|
| | | | | FEC II | D number | C | |
| 2. | | | | FEC II | D number | С | |
| 3. | | | | FEC II | D number | С | |
| 4. | 1 1 1 1 | | | FEC II | D number | С | |
| lame of Any C | Connected O | rganization, Affili | ated Committee, Joint | Fundraising Re | presentative | e, or Leadership F | PAC Spons |
| Williamson | County Rep | oublican Party | | | | | |
| | | | | | | | |
| Mailing Ad | ldress | PO Box 393 | | | | | |
| | | | | | | | |
| | | Round Rock | | | TX | 78680-0393 | |
| | | | CITY A | | STATE A | ZIP C | ODE A |
| Relationsh | Connected | | Affiliated Committee (phone number – option | Joint Fundraisin | g Representa | ative Leaders. | hip PAC Sp |
| | Connected | | | | g Representa | ative Leaders | hip PAC Sp |
| esignated Age | Connected ent: Identify | | | | g Representa | ative Leaders | hip PAC Sp |
| resignated Age | Connected ent: Identify | | | | g Representa | ative Leaders | hip PAC Sp |
| esignated Age | Connected ent: Identify | | | | g Representa | ative Leaders | hip PAC Sp |
| esignated Age Full Name Mailing Addr | Connected ent: Identify | by name, address | | | g Representa | Leaders ZIP CC | |

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

| h). Joint Fundraisi | | | |
|--|---|---------------------------|---------------------------|
| 1. | | FEC ID number | С |
| 2. | | FEC ID number | C |
| 3. | | FEC ID number | С |
| 4. | | FEC ID number | C |
| | | | |
| ame of Any Connected Republican Party Of | l Organization, Affiliated Committee, Joint Fun Bexar County | draising Representative | e, or Leadership PAC Spon |
| | | | |
| | | | |
| Mailing Address | 909 N.E. Loop 410 | | |
| | Ste. 514 | | |
| | San Antonio | | 78209-1398 |
| Relationship: | CITY A | STATE ▲ | ZIP CODE ▲ |
| | Affiliated Committee Jo fy by name, address (phone number – optional) | int Fundraising Represent | ative Leadership PAC Sp |
| | | int Fundraising Represent | ative Leadership PAC Sp |
| esignated Agent: Identi | | int Fundraising Represent | ative Leadership PAC Sp |
| esignated Agent: Identi | | int Fundraising Represent | Ative Leadership PAC Sp |
| esignated Agent: Identi | | int Fundraising Represent | ative Leadership PAC Sp |
| esignated Agent: Identi | fy by name, address (phone number – optional) | int Fundraising Represent | Leadership PAC Sp |
| esignated Agent: Identi Full Name Mailing Address | fy by name, address (phone number – optional) CITY | | |
| Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or m | fy 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 anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc. | fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which aintains funds. Fargo Bank | STATE A Telephone Number | ZIP CODE A |

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 | С |
| 2. | | FEC ID number | C |
| 3. | | FEC ID number | С |
| 4. | | FEC ID number | C |
| Name of Any Connected | l Organization, Affiliated Committee, Joint Fun | draising Penresentativ | o or Leadershin PAC Snons |
| Tarrant County Repu | | | , or Education price openio |
| | | | |
| Mailing Address | 7524 Mosier View Ct #230 | | |
| | | | |
| | Fort Worth | TX | 76118-7148 |
| | | STATE ▲ | ZIP CODE ▲ |
| | CITY ▲ ed Organization × Affiliated Committee Jo fy by name, address (phone number – optional) | int Fundraising Represent | ative Leadership PAC Spo |
| Connecte Designated Agent: Identi Full Name | ed Organization X Affiliated Committee Jo | | ative Leadership PAC Spo |
| Connecte Designated Agent: Identi | ed Organization X Affiliated Committee Jo | | ative Leadership PAC Spo |
| Connecte Designated Agent: Identi Full Name | ed Organization X Affiliated Committee Jo | | ative Leadership PAC Spo |
| Connecte Designated Agent: Identi Full Name | Affiliated Committee Jo | int Fundraising Represent | |
| Connecte Designated Agent: Identi Full Name | Affiliated Committee Jo | | Leadership PAC Spo |
| Connecte Designated Agent: Identi Full Name Mailing Address TITLE OR POSITION | Affiliated Committee Journally Journally Science of Committee Journally Journal Committee Journally Journal Committee Journally Journal Committee Journal Jour | int Fundraising Represent | |
| Connected Designated Agent: Identi Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite tafety deposit boxes or many targets. | Affiliated Committee Joe Joe Joe Joe Joe Joe Joe Joe Joe J | state Telephone Number | ZIP CODE A |
| Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Sanks or Other Deposite Safety deposit boxes or make the safety deposit boxes or ma | Affiliated Committee Journal of the property | state Telephone Number | ZIP CODE A |

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

| h). Joint Fundrais ii | ng Participant: | | |
|---|---|-------------------------------|---------------------------|
| 1. | | FEC ID number | С |
| 2. | | FEC ID number | C |
| 3. | | FEC ID number | С |
| 4. | | FEC ID number | C |
| - | Organization, Affiliated Committee, Joint Fund | raising Representative | e, or Leadership PAC Spon |
| | | | |
| Mailing Address | PO Box 461 | | |
| | | | |
| | Sugar Land | TX | 77487-0461 |
| Relationship: | CITY A | STATE ▲ | ZIP CODE ▲ |
| | | nt Fundraising Representa | ative Leadership PAC Sp |
| | d Organization X Affiliated Committee Join by by name, address (phone number – optional) | nt Fundraising Representa | Leadership PAC Sp |
| esignated Agent: Identif | | at Fundraising Representa | Leadership PAC Sp |
| esignated Agent: Identif | | at Fundraising Representa | Leadership PAC Sp |
| esignated Agent: Identif | y by name, address (phone number – optional) | | |
| esignated Agent: Identif | by by name, address (phone number – optional) | st Fundraising Representation | Leadership PAC Sp |
| esignated Agent: Identii Full Name Mailing Address | by by name, address (phone number – optional) CITY | | |
| esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or m | cy by name, address (phone number – optional) CITY CITY Pries: List all banks or other depositories in which | STATE A | ZIP CODE A |
| esignated Agent: Identification 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 in which aintains funds. Gulf Bank 900 Town & Country Lane | STATE A | ZIP CODE A |

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

| (h). Joint Fundrais i | ng Participant: | | |
|--|---|----------------------------|----------------------------|
| 1. | | FEC ID number | С |
| 2. | | FEC ID number | С |
| 3. | | FEC ID number | С |
| 4. | | FEC ID number | C |
| lame of Any Connected | d Organization, Affiliated Committee, Joint Fu | ndraicing Representativ | o or Leadershin PAC Snons |
| Denton County Rep | - | Huraising Representativ | e, or Leadership FAO Spons |
| | | | |
| Mailing Address | PO Box 187 | | |
| | | | |
| | Denton | TX | 76202-0187 |
| Relationship: | CITY A | STATE A | ZIP CODE ▲ |
| Connect | ed Organization X Affiliated Committee J | oint Fundraising Represent | ative Leadership PAC Spo |
| Connect Pesignated Agent: Ident Full Name | | | ative Leadership PAC Spo |
| Connect | | | ative Leadership PAC Spo |
| Connect Pesignated Agent: Ident Full Name | | | ative Leadership PAC Spo |
| Connect Pesignated Agent: Ident Full Name | ify by name, address (phone number – optional) | | |
| Connect Pesignated Agent: Ident Full Name | ify by name, address (phone number – optional) | | Leadership PAC Spo |
| Pesignated Agent: Identification Full Name Mailing Address | ify by name, address (phone number – optional) | | |
| Connect Designated Agent: Ident Full Name Mailing Address TITLE OR POSITION Canks or Other Deposite afety deposit boxes or necessity. | ories: List all banks or other depositories in wh | STATE A Telephone Number | ZIP CODE A |
| Connect Pesignated Agent: Ident Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit afety deposit boxes or not be because of Bank, The Hopeository, etc. | cify by name, address (phone number – optional) CITY CITY ories: List all banks or other depositories in what naintains funds. | STATE A Telephone Number | ZIP CODE A |

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

| h). Joint Fundraisi r | g Participant: | | |
|--|--|----------------------------|----------------------------|
| 1. | | FEC ID number | С |
| 2. | | FEC ID number | С |
| 3. | | FEC ID number | С |
| 4. | | FEC ID number | С |
| | | | |
| ame of Any Connected Cornyn Majority Texa | Organization, Affiliated Committee, Joint Fur | ndraising Representativ | e, or Leadership PAC Spons |
| | | | |
| | | | |
| Mailing Address | 228 S. Washington Street, Ste. 115 | | |
| g | | | |
| | Alexandria | , , VA , | 22314-5404 |
| Polationship | | | |
| Relationship: | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| | d Organization Affiliated Committee X Joy by name, address (phone number – optional) | oint Fundraising Represent | ative Leadership PAC Sp |
| esignated Agent: Identif | | oint Fundraising Represent | ative Leadership PAC Sp |
| esignated Agent: Identif | | oint Fundraising Represent | ative Leadership PAC Sp |
| esignated Agent: Identif | | oint Fundraising Represent | ative Leadership PAC Sp |
| esignated Agent: Identif | | pint Fundraising Represent | ative Leadership PAC Sp |
| esignated Agent: Identif | y by name, address (phone number – optional) | oint Fundraising Represent | Leadership PAC Sp |
| esignated Agent: Identif Full Name Mailing Address | y by name, address (phone number – optional) | | |
| esignated Agent: Identif Full Name Mailing Address | y by name, address (phone number – optional) | STATE A | |
| esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposito | y by name, address (phone number – optional) CITY CITY ries: List all banks or other depositories in which | STATE A Telephone Number | ZIP CODE A |
| esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or marks | y by name, address (phone number – optional) CITY CITY ries: List all banks or other depositories in which | STATE A Telephone Number | 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 ries: List all banks or other depositories in which aintains funds. | STATE A Telephone Number | ZIP CODE A |
| esignated Agent: Identification Full Name | y by name, address (phone number – optional) CITY CITY ries: List all banks or other depositories in which aintains funds. | STATE A Telephone Number | ZIP CODE A |
| esignated Agent: Identification Full Name | y by name, address (phone number – optional) CITY CITY wries: List all banks or other depositories in which aintains funds. | STATE A Telephone Number | ZIP CODE A |
| esignated Agent: Identification Full Name | y by name, address (phone number – optional) CITY CITY wries: List all banks or other depositories in which aintains funds. | STATE A Telephone Number | ZIP CODE A |

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

Page ___ **of** 22_

| Mailing Address Relationship: Connected Or resignated Agent: Identify by | 807 Brazos St Ste 408 Austin ganization Affiliated | | t Fundrais | | number number number | 78701-2508 | CODE A |
|--|---|-------------------|------------|----------------|-------------------------------|----------------------|--------------|
| ame of Any Connected Org Travis County Republica Mailing Address Relationship: Connected Org Resignated Agent: Identify by | ganization, Affiliated Con Party 807 Brazos St Ste 408 Austin ganization X Affiliated | ommittee, Join | | FEC ID FEC ID | number number esentativ | C c e, or Leadership | CODE A |
| ame of Any Connected Org Travis County Republica Mailing Address Relationship: Connected Org esignated Agent: Identify by | ganization, Affiliated Con Party 807 Brazos St Ste 408 Austin ganization X Affiliated | ommittee, Join | | FEC ID | esentativ | e, or Leadership | CODE A |
| ame of Any Connected Organization Travis County Republication Mailing Address Relationship: Connected Organization esignated Agent: Identify by | ganization, Affiliated Con Party 807 Brazos St Ste 408 Austin ganization X Affiliated | ommittee, Join | | sing Repr | esentativ | e, or Leadership | CODE A |
| Travis County Republica Mailing Address Relationship: Connected Or esignated Agent: Identify by | 807 Brazos St Ste 408 Austin ganization Affiliated | | | | TX | 78701-2508 | CODE A |
| Travis County Republica Mailing Address Relationship: Connected Or esignated Agent: Identify by | 807 Brazos St Ste 408 Austin ganization Affiliated | | | | TX | 78701-2508 | 3 |
| Mailing Address Relationship: Connected Or esignated Agent: Identify by | Ste 408 Austin ganization X Affiliated | | Joint Fu | | | | CODE A |
| Mailing Address Relationship: Connected Or esignated Agent: Identify by | Ste 408 Austin ganization X Affiliated | | Joint Fu | | | | CODE A |
| Relationship: Connected Or esignated Agent: Identify by | Austin Ganization Affiliated | | Joint Fu | | | | CODE A |
| Relationship: Connected Or esignated Agent: Identify by | ganization X Affiliated | | Joint Fu | | | | CODE A |
| Connected Or esignated Agent: Identify by | ganization X Affiliated | | Joint Fu | | STATE A | ZIP | |
| esignated Agent: Identify by | _ | d Committee | Joint Fu | | | | |
| Full Name | , and the second | number – optio | onai) | | | | |
| Mailing Address | | | | | | | |
| L | | | | | | | |
| L | | | | | | | |
| TITLE OR POSITION ▼ | CIT | TY 🛦 | | S | TATE 🔺 | ZIP (| CODE A |
| | | | Teler | ohone Nu | mber _ | | |
| anks or Other Depositories | : List all banks or other | r depositories in | which the | e committe | ee deposit | s funds, holds ac | ccounts, ren |
| afety deposit boxes or mainta | lins lunas. | | | | | | |
| ame of Bank, Fifth Third epository, etc. | l Bank | | | | | | |
| Mailing Address 3 | 8 Fountain Square Plaza | | | | | | |
| | | | | | | | |
| L | | | | | | | |

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

| 1. | 1 | | |
|--|---|-----------------------------------|------------------------------------|
| I | | FEC ID number | C |
| 2. | | FEC ID number | С |
| 3. | | FEC ID number | C |
| 4. | | FEC ID number | C |
| JUDGE CARTER V | d Organization, Affiliated Committee, Joint Fund | draising Representative | e, or Leadership PAC Spons |
| | | | |
| Mailing Address | 22780 INDIAN CREEK DR. | | |
| | SUITE 100 | | |
| | DULLES | VA VA | 20166 |
| | | | |
| | CITY ▲ ed Organization | STATE ▲ nt Fundraising Representa | ZIP CODE ▲ ative Leadership PAC Sp |
| esignated Agent: Ident | ed Organization Affiliated Committee X Joi | | |
| Connecte con | ed Organization Affiliated Committee X Joi | | |
| esignated Agent: Ident | ed Organization Affiliated Committee X Joi | | |
| esignated Agent: Ident | ed Organization Affiliated Committee X Joi ify by name, address (phone number – optional) | nt Fundraising Representa | Leadership PAC Sp |
| Connect resignated Agent: Ident | ed Organization Affiliated Committee X Joi ify by name, address (phone number – optional) | | |

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

| Page | of | 22 | |
|-------|----|----|--|
| 1 aye | O. | | |

| h). Joint Fundraisi r | .g . a | | |
|---|--|-------------------------|---------------------------|
| 1. | | FEC ID number | C |
| 2. | | FEC ID number | C |
| 3. | | FEC ID number | С |
| 4. | | FEC ID number | C |
| | | | |
| ame of Any Connected | Organization, Affiliated Committee, Joint Fund | raising Representative | e, or Leadership PAC Spon |
| VAN TAYLOR VICTO | DRY FUND | | |
| | | | |
| | 1900 PRESTON ROAD | | |
| Mailing Address | 1900 PRESTON ROAD | | |
| | #267 - PMB 229 | | |
| | PLANO | TX | 75093 |
| Relationship: | CITY A | STATE ▲ | ZIP CODE ▲ |
| Connecte | d Organization Affiliated Committee X Join | t Fundraising Represent | ative Leadership PAC Sp |
| | d Organization Affiliated Committee X Join y by name, address (phone number – optional) | t Fundraising Represent | ative Leadership PAC Sp |
| esignated Agent: Identif | | t Fundraising Represent | ative Leadership PAC Sp |
| esignated Agent: Identif | | t Fundraising Represent | ative Leadership PAC Sp |
| esignated Agent: Identif | | t Fundraising Represent | |
| esignated Agent: Identif | y by name, address (phone number – optional) | | |
| esignated Agent: Identif | y by name, address (phone number – optional) | t Fundraising Represent | |
| 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 T | 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 Tories: 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 materials and the companion of Bank, | y by name, address (phone number – optional) CITY Tories: 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 materials and the companion of Bank, | y by name, address (phone number – optional) CITY Tories: List all banks or other depositories in which | STATE A | ZIP CODE A |
| esignated Agent: Identification Full Name | y by name, address (phone number – optional) CITY Tories: 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 management of Bank, epository, etc. | y by name, address (phone number – optional) CITY Tories: List all banks or other depositories in which | STATE A | ZIP CODE A |

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

| h). Joint Fundraisi | ng Participant: | | | |
|---|---|------------------------|----------------|-------------------|
| 1. | | FEC ID numb | er C | |
| 2. | | FEC ID numb | er C | |
| 3. | | FEC ID numb | er C | |
| 4. | | FEC ID numb | er C | |
| WESLEY HUNT VIC | I Organization, Affiliated Committee, Joint Fu | ndraising Represent | ative, or Lead | dership PAC Spon |
| | | | | |
| Mailing Address | PO BOX 341027 | | | |
| | | | | |
| | AUSTIN | TX | 7873 | 34 |
| Relationship: | CITY ▲ | STATI | Ε ▲ | ZIP CODE ▲ |
| | ed Organization Affiliated Committee X J fy by name, address (phone number – optional) | oint Fundraising Repre | sentative | Leadership PAC Sp |
| | | | 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 – optional) | | | Leadership PAC Sp |
| esignated Agent: Identi Full Name Mailing Address | fy by name, address (phone number – optional) | | | Leadership PAC Sp |
| esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, | fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which | STATE Telephone Number | | ZIP CODE A |
| esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, | fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which | STATE Telephone Number | | ZIP CODE A |
| esignated Agent: Identii 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 Ories: List all banks or other depositories in which | STATE Telephone Number | | 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 Ories: List all banks or other depositories in which | STATE Telephone Number | | ZIP CODE A |

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

Page ___ **of** ____

| 1 | | | | | | |
|-----------------------------------|---|--------------------------------|----------------------------|-----------------|--------------|----------------------------|
| | | | | FEC | ID number | C |
| 2. 🔟 | | | | FEC | ID number | С |
| 3. | | | | FEC | ID number | С |
| 4. | | | | FEC | ID number | С |
| Name of A | any Connected | Organization, A | ffiliated Committee, Joint | Fundraising Re | epresentativ | re, or Leadership PAC Spon |
| | /ICTORY FUN | = | | | · | |
| | | | | | | |
| Mailin | ng Address | PO BOX 6301 | 67 | | | |
| | | | | | | |
| | | IRVING | | | TX | 75063 |
| | | | CITY A | | STATE ▲ | ZIP CODE ▲ |
| Designated | Agent: Identify | I Organization by name, addre | | Joint Fundraisi | ng Represent | tative Leadership PAC S |
| Designated Full Na | Connected Agent: Identify | | Affiliated Committee | | ng Represent | tative Leadership PAC S |
| Designated Full Na | Connected Agent: Identify | | Affiliated Committee | | ng Represent | tative Leadership PAC S |
| Designated Full Na | Connected Agent: Identify | | Affiliated Committee | | ng Represent | tative Leadership PAC S |
| Designated Full Nai Mailing | Connected Agent: Identify me Address | by name, addre | Affiliated Committee | | | |
| Designated Full Nai Mailing | Connected Agent: Identify | by name, addre | Affiliated Committee | | STATE A | Leadership PAC S |

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

| | ng Participant: | | |
|---|--|-------------------------|--------------------------------|
| 1. | | FEC ID number | С |
| 2. | | FEC ID number | С |
| 3 | | FEC ID number | C |
| 4 | | FEC ID number | С |
| | | | |
| TRUMP VICTORY | l Organization, Affiliated Committee, Joint Fund | draising Representative | , or Leadership PAC Spons |
| | | | |
| | | | |
| Mailing Address | C/O RED CURVE SOLUTIONS | | |
| | 138 CONANT STREET, 2ND FLOOR | | |
| | BEVERLY | MA | 01915 |
| Relationship: | CITY A | STATE A | ZIP CODE ▲ |
| esignated Agent: Identi | fy by name, address (phone number – optional) | | |
| 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 | fy by name, address (phone number – optional) | | |
| Full Name | CITY A | STATE A | ZIP CODE A |
| Full Name | CITY A | STATE A | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION | CITY A | Telephone Number | |
| Full Name Mailing Address TITLE OR POSITION | CITY ▲ CITY ▲ pries: List all banks or other depositories in which | Telephone Number | |
| Full Name Mailing Address TITLE OR POSITION | CITY ▲ CITY ▲ pries: List all banks or other depositories in which an intains funds. | Telephone Number | s funds, holds accounts, rents |
| 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 which an intains funds. | Telephone Number | s funds, holds accounts, rents |
| Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or make the second process of the second | CITY ▲ CITY ▲ pries: List all banks or other depositories in which an intains funds. | Telephone Number | s funds, holds accounts, rents |
| Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or make the second process of the second | CITY ▲ CITY ▲ pries: List all banks or other depositories in which an intains funds. | Telephone Number | s funds, holds accounts, rents |

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

| _ | . 22 | |
|------|-------|--|
| Page | of 22 | |

| (h). Joint Fundraisi | | | |
|---|--|--|----------------------------|
| 1. | | FEC ID number | С |
| 2. | | FEC ID number | C |
| 3. | | FEC ID number | С |
| 4. | | FEC ID number | C |
| lame of Any Connected | Organization, Affiliated Committee, Joint Fu | undvoicing Dongoontotiu | o or Londovokin DAC Snow |
| TED CRUZ VICTOR | _ | indraising nepresentativ | e, or Leadership PAC Spons |
| | | | |
| Mailing Address | PO BOX 25376 | | |
| | | | |
| | HOUSTON | TX | 77265 |
| Relationship: | CITY A | STATE A | ZIP CODE ▲ |
| | Affiliated Committee X | loint Fundraising Represent | ative Leadership PAC Sp |
| | | | ative Leadership PAC Sp |
| esignated Agent: Identi | | | ative Leadership PAC Sp |
| esignated Agent: Identi | | | ative Leadership PAC Sp |
| esignated Agent: Identi | | | ative Leadership PAC Sp |
| esignated Agent: Identi | by by name, address (phone number – optiona | | ative Leadership PAC Sp |
| esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION | by by name, address (phone number – optiona | | |
| esignated Agent: Identii Full Name Mailing Address TITLE OR POSITION | city by name, address (phone number – optional control op | STATE A Telephone Number | ZIP CODE A |
| esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, | city by name, address (phone number – optional control op | STATE A Telephone Number | ZIP CODE A |
| esignated Agent: Identification Full Name | cy by name, address (phone number – optional depositories in what aintains funds. | STATE Telephone Number ich the committee deposit | ZIP CODE A |

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

| NRSC TARGETED STAT Mailing Address Relationship: Connected Org | 228 S WASHINGTON ST STE 115 ALEXANDRIA CITY | VA STATE A | ive, or Leadership PAC Spon |
|--|--|---|---------------------------------|
| 4. | 228 S WASHINGTON ST STE 115 ALEXANDRIA CITY anization Affiliated Committee | FEC ID number undraising Representation VA STATE A Joint Fundraising Represe | ive, or Leadership PAC Spon |
| Mailing Address Relationship: Connected Organization Address Resignated Agent: Identify by | 228 S WASHINGTON ST STE 115 ALEXANDRIA CITY anization Affiliated Committee | undraising Representation VA STATE A Joint Fundraising Represe | ive, or Leadership PAC Spon |
| NRSC TARGETED STAT Mailing Address Relationship: Connected Orgensignated Agent: Identify by | 228 S WASHINGTON ST STE 115 ALEXANDRIA CITY anization Affiliated Committee | VA STATE A | 22314 |
| NRSC TARGETED STAT Mailing Address Relationship: Connected Orgensesignated Agent: Identify by | 228 S WASHINGTON ST STE 115 ALEXANDRIA CITY anization Affiliated Committee | VA STATE A | 22314 |
| Relationship: Connected Orgers esignated Agent: Identify by | ALEXANDRIA CITY anization Affiliated Committee X | STATE A | ZIP CODE A |
| Relationship: Connected Orgers esignated Agent: Identify by | ALEXANDRIA CITY anization Affiliated Committee X | STATE A | ZIP CODE A |
| Relationship: Connected Orgersignated Agent: Identify by | ALEXANDRIA CITY anization Affiliated Committee X | STATE A | ZIP CODE A |
| Relationship: Connected Orgensignated Agent: Identify by | CITY ▲ Janization Affiliated Committee X | STATE A | ZIP CODE A |
| Connected Orgesignated Agent: Identify by | Affiliated Committee X | Joint Fundraising Represe | _ |
| esignated Agent: Identify by | | | ntative Leadership PAC S |
| | | , | |
| Mailing Address | | | |
| L | | | |
| L | | | |
| TITLE OR POSITION ▼ | CITY A | STATE ▲ | ZIP CODE ▲ |
| | | Telephone Number | |
| | List all banks or other depositories in whether the state of the state | hich the committee depo | sits funds, holds accounts, ren |
| afety deposit boxes or maintai | ns funds. | | |
| ame of Bank, epository, etc. | | | |
| Mailing Address | | | |
| | | | |
| L | | | |

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

| h). Joint Fundraisi | ng Participant: | | |
|---|--|----------------------------|----------------------------|
| 1. | | FEC ID number | С |
| 2. | | FEC ID number | С |
| 3. | | FEC ID number | С |
| 4. | | FEC ID number | С |
| | | | |
| ame of Any Connected GROW THE MAJOR | l Organization, Affiliated Committee, Joint Fun | draising Representative | e, or Leadership PAC Spons |
| GROW THE MAJOR | | | |
| | | | |
| Mailing Address | 228 S WASHINGTON ST STE 115 | | |
| | | | |
| | ALEXANDRIA | VA | 22314 |
| Relationship: | CITY A | STATE ▲ | ZIP CODE ▲ |
| Connecte | | int Fundraising Representa | ative Leadership PAC Sp |
| Connecte | ed Organization Affiliated Committee X Jo | int Fundraising Representa | ative Leadership PAC Sp |
| Connecte esignated Agent: Identi | ed Organization Affiliated Committee X Jo | int Fundraising Representa | Leadership PAC Sp |
| esignated Agent: Identi | ed Organization Affiliated Committee X Jo | int Fundraising Representa | Leadership PAC Sp |
| esignated Agent: Identi | ed Organization Affiliated Committee X Jo | int Fundraising Representa | Leadership PAC Sp |
| esignated Agent: Identi Full Name Mailing Address | Affiliated Committee X Jo | int Fundraising Representa | Leadership PAC Sp |
| esignated Agent: Identi | Affiliated Committee X Jo | | |
| esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION | Affiliated Committee X Journal of the position | STATE A Telephone Number | ZIP CODE A |
| esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc. | Affiliated Committee X Journal of the position | STATE A Telephone Number | ZIP CODE A |