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) over the lines. is changed) MT SENATE REPUBLICAN NOMINEE FUND 2024 PO BOX 9891 ADDRESS (number and street) (Check if address is changed) ARLINGTON 22219 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address NOMINEEFUND@CROSBYOTT.COM is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2023 C00829465 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 GLAZE, KAYLA,, Date 12 14 2023 Signature of Treasurer GLAZE, KAYLA,,, 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	C Form 1 (Revised 03/2022)	Page <b>2</b>
	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 canoninformation below.)	lidate
	Name of Candidate	
	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) This committee is a (National, State or subordinate) committee of the Republican, etc.)	Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	nization is a:
	Corporation Corporation w/o Capital Stock Labor Organization	ation
	Membership Organization Trade Association Cooperative	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) X This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund committee. (i.e., nonconnected committee)	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 more committees/organizations, at least one of which is an authorized committee of a federal candidate.	political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, none of which is an authorized committee of a federal candidate.	political
	Committees Participating in Joint Fundraiser	
	1	

Title or Position ▼

TREASURER

_	_		
	_		
	FEC Form 1 (Revised 0	)2/2009)	Page 3
٧	Vrite or Type Committee Name	·	
	MT SENATE RE	PUBLICAN NOMINEE FUND 2024	
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor
	2024 REPUBLICAN	SENATE VICTORY	
	Mailing Address	228 S WASHINGTON ST	
		SUITE 115	
		ALEXANDRIA	22314
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Representa	ative Leadership PAC Sponso
_			
7.	Custodian of Records: Ident books and records.	tify by name, address (phone number optional) and position of the persor	n in possession of committee
	GLAZE, KA	AYLA, , ,	
	ruii Name	,PO BOX 9891	
	Mailing Address		
		1	
		ARLINGTON	, 22219
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	TREASURER	Telephone number	-     -
8.	Treasurer: List the name an	d address (phone number optional) of the treasurer of the committee	and the name and address of
Ο.	any designated agent (e.g.,		, and the name and address of
	Full Name GLAZE, K	AVI A	
	Full Name GLAZE, KA of Treasurer	4TLA,,,	
	Mailian Adduses	PO BOX 9891	
	Mailing Address		
		ARLINGTON   VA	. 22219

CITY 🔺

STATE ▲

Telephone number

ZIP CODE ▲

FEC Form 1 (Revised	02/2009)		Page <b>4</b>
Full Name of Designated Agent			
Mailing Address			
Title or Position <b>▼</b>	CITY ▲	STATE ▲ ZIP 0	CODE A
lille of Fosition •	Telepho	ne number	
Banks or Other Depositori safety deposit boxes or mai	ies: List all banks or other depositories in which the contains funds.	ommittee deposits funds, holds acco	ounts, rents
Name of Bank, Depository,	etc.		
BANKP	LUS		
Mailing Address	385A HIGHLAND COLONY PKWY		
	RIDGELAND	MS 39157	
	CITY ▲	STATE ▲ ZIP C	CODE A
Name of Bank, Depository,	etc.		
CHAIN	BRIDGE BANK		
Mailing Address	1445-A LAUGHLIN AVENUE		
	MCLEAN	VA 22101	
	CITY A	STATE ▲ ZIP C	CODE A

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

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or(h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3		FEC ID number	C
4.		FEC ID number	C
Name of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Sponsor
CORNYN VICTORY	COMMITTEE		
Mailing Address	PO BOX 13026		
	AUSTIN	TX	78711
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee X Join	rt Fundraising Representa	ative Leadership PAC Sponso
Designated Agent: Identif	fy by name, address (phone number - optional)		
Full Name			
Mailing Address			
	1		
TITLE OR POSITION	CITY A	STATE ▲	ZIP CODE ▲
	I	elephone Number	-   -
		diopriorie realisor	
Banka ay Othay Banasita			a formula de la la constanta de la constanta d
safety deposit boxes or m	ories: List all banks or other depositories in which aintains funds.	the committee deposits	s lunds, noids accounts, rents
Name of Bank, Depository, etc.	MARSHALL BANK		
Mailing Address	1625 K STREET NW		
Mailing Address	SUITE 1050		
Mailing Address		l DC I	
Mailing Address	SUITE 1050	DC STATE A	20006

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

Page	of <sup>8</sup>	
1 aye	O.	

(h). <b>Joint Fundraisi</b>	ng Participant:		
1		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4		FEC ID number	C
Name of Any Connected	I Organization, Affiliated Committee, Joint Fun	draising Representativ	e, or Leadership PAC Spons
Mailing Address	3337 NORTH HULLEN ST.		
	SUITE 301		
	METAIRIE	LA L	70002
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee X Jo  fy by name, address (phone number – optional)	int Fundraising Represent	ative Leadership PAC Spo
Connecte		int Fundraising Represent	Leadership PAC Spo
Connecte  Designated Agent: Identi		int Fundraising Represent	Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name		int Fundraising Represent	Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name		int Fundraising Represent	Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name	fy by name, address (phone number – optional)	int Fundraising Represent	Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)		
Connected Designated Agent: Identify Full Name Mailing Address  TITLE OR POSITION Sanks or Other Deposition afety deposit boxes or management of the connected states of the connected designation of the connected states of the connected designation of the connected states of the connected state	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
Connected Designated Agent: Identify Full Name Mailing Address  TITLE OR POSITION Deposite afety deposit boxes or make the property of the proposition of Bank, Depository, etc.	fy by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in which a caintains funds.  ST/BB&T  1445 NEW YORK AVE NW	STATE A Telephone Number	ZIP CODE A

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

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(h). <b>Joint F</b>	unununun	Participant:				
1				FEC	ID number	C
2				FEC	ID number	C
3				FEC	ID number	r C
4				FEC	ID number	C
Name of Any Co	onnected O	ganization, Af	filiated Committee, Joi	nt Fundraising F	Representat	ive, or Leadership PAC Spon
TILLIS AND	COLLEAG	UES VICTOR	RY COMMITTEE			
Mailing Add	dress	228 S WASHIN	NGTON ST			
, and the second		STE 115				
		ALEXANDRIA			VA	22314
Relationshi	p:		CITY A		STATE A	▲ ZIP CODE ▲
		) rachization	Affiliated Committee	X Joint Fundrais	sing Represe	ntative Leadership PAC Sp
Designated Age	Connected C		ss (phone number – op			
Designated Age Full Name Mailing Addre	nt: Identify b					
Full Name	nt: Identify b					
Full Name	nt: Identify b					
Full Name Mailing Addre	nt: Identify b				STATE A	ZIP CODE A
Full Name Mailing Addre	nt: Identify b		ss (phone number – op		STATE A	

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

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	ng Participant:		
1.		FEC ID number	С
2		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
lame of Any Connected WINNING FOR AMI	d Organization, Affiliated Committee, Joint Fu ERICA FUND	ndraising Representative	e, or Leadership PAC Spons
Mailing Address	101 W ARGONNE DR		
	<b>#24</b> 		
	SAINT LOUIS		63122
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee X J	oint Fundraising Represent	
Designated Agent: Ident			Leadership PAC Spo
Pesignated Agent: Ident			
Pesignated Agent: Ident			
Pesignated Agent: Ident	ify by name, address (phone number – optional)		ZIP CODE A
Pesignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION	ify by name, address (phone number – optional)		
Pesignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION	ify by name, address (phone number – optional)	STATE A	
Pesignated Agent: Ident Full Name Mailing Address  TITLE OR POSITION LITTURE OR POSITION Banks or Other Deposit	ify by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Ident Full Name Mailing Address  TITLE OR POSITION Canks or Other Deposite afety deposit boxes or necessity.	ify by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Ident Full Name Mailing Address  TITLE OR POSITION LITTURE OR POSITION Banks or Other Deposit	ify by name, address (phone number – optional)  CITY ▲  Ories: List all banks or other depositories in whenaintains funds.	STATE A  Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite afety deposit boxes or not be made and the control of t	ify by name, address (phone number – optional)  CITY ▲  Ories: List all banks or other depositories in whenaintains funds.	STATE A  Telephone Number	ZIP CODE A  s funds, holds accounts, rents
Pesignated Agent: Ident Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposition afety deposit boxes or not be a position, etc.	cries: List all banks or other depositories in what aintains funds.	STATE A  Telephone Number  ich the committee deposit	ZIP CODE A  s funds, holds accounts, rents
Pesignated Agent: Ident Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposition afety deposit boxes or not be a position, etc.	cries: List all banks or other depositories in what aintains funds.	STATE A  Telephone Number  ich the committee deposit	ZIP CODE A  s funds, holds accounts, rents