Only

# STATEMENT OF

PAGE 1 / 14 =

FEC FORM 1		ORGANIZ			Office Use Only
1. NAME OF COMMITTEE (ir	, full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Protect the	,		over the lines.		
	11003				
ADDRESS (number a	nd street)	PO Box 30844			
(Check if a is changed					
is changed	4)	Bethesda		MD     20	0824-0844
		CITY A		STATE ▲	ZIP CODE ▲
COMMITTEE'S E-MA	AIL ADDRE	ESS			
(Check if a is changed		info@campaignfinan	cial.com		
		Optional Second E-Mail	Address		
COMMITTEE'S WEB  (Check if a is changed)	address	DDRESS (URL)			
2. DATE 0		3 2018			
3. FEC IDENTIFIC	CATION N	UMBER ▶ C	C00669622		
4. IS THIS STATEM	MENT	NEW (N) OR	x AMENDED (A)		
certify that I have e	examined t	his Statement and to the be	est of my knowledge and belief	it is true, correct ar	nd complete.
Type or Print Name	of Treasure	Thomson, Jill, , ,			
Signature of Treasure	er <i>Thon</i>	nson, Jill, , ,	[Electronically Filed]	Date 08	03 2018
NOTE: Submission of	false, error		on may subject the person signing		e penalties of 2 U.S.C. §437g.
Office Use			For further information Federal Election Commis Toll Free 800-424-9530		FEC FORM 1 (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

	FEC For	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
	nalaate	Committee:	
(a)	H	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	Ц	This committee is an authorized committee, and is NOT a principal campaign committee. (Com information below.)	plete the candidate
Nam Can	ne of didate		
	didate y Affiliatio	Office Sought: House Senate President	State
ran	y Allillatio	Sought. House Senate President	District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Can	ne of didate		
Par	ty Com	nmittee:	
(d)			(Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is a:
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	п	This committee supports/opposes more than one Federal candidate, and is NOT a separate se	gregated fund or party
(.)	ш	committee. (i.e., nonconnected committee)	grogatou iama er party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	nt Fund	raising 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.	o 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
	Comi	mittees Participating in Joint Fundraiser	
	1.	Rothfus for Congress	497115
	2.	Andy Barr For Congress, Inc. FEC ID number C C004	467571
	3.	Poliquin For Congress FEC ID number C C009	518654
	4.	Great America Committee C C006	40664

	sed 02/2009)	Page <b>3</b>
Write or Type Committee N	lame	
Protect the Ho	ouse	
. Name of Any Connecte	ed Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	dership PAC Sponsor
None		
Mailing Address		
	CITY STATE	ZIP CODE
Custodian of Records:	Affiliated Committee Joint Fundraising Representative  Identify by name, address (phone number optional) and position of the person in	possession of committe
books and records.		
Campa Full Name	aign, Financial Services, , ,	
Mailing Address	PO Box 30844	
	Bethesda MD 2082	24-0844
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number	654 3220
Custodian of Records	e and address (phone number optional) of the treasurer of the committee; and the	
Custodian of Records  Treasurer: List the name any designated agent (e.g.	e and address (phone number optional) of the treasurer of the committee; and the	
Custodian of Records  Treasurer: List the name any designated agent (e.g. Full Name Thoms	e and address (phone number optional) of the treasurer of the committee; and the g., assistant treasurer).	
Custodian of Records  Treasurer: List the name any designated agent (e.g. Full Name of Treasurer	e and address (phone number optional) of the treasurer of the committee; and the g., assistant treasurer).	
Custodian of Records  Treasurer: List the name any designated agent (e.g. Full Name of Treasurer	e and address (phone number optional) of the treasurer of the committee; and the g., assistant treasurer).  Son, Jill, , ,  PO Box 30844	

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit boxes Name of Bank, Depo		
safety deposit boxes Name of Bank, Depo	or maintains funds. ository, etc.	
safety deposit boxes  Name of Bank, Depo	vells Fargo 7901 Wisconsin Avenue	
safety deposit boxes  Name of Bank, Depo	Por maintains funds.  Ository, etc.  Vells Fargo  Page 17901 Wisconsin Avenue  Bethesda  CITY  STATE	
safety deposit boxes  Name of Bank, Depo	Por maintains funds.  Ository, etc.  Vells Fargo  Page 17901 Wisconsin Avenue  Bethesda  CITY  STATE	
safety deposit boxes  Name of Bank, Depo	Por maintains funds.  Ository, etc.  Vells Fargo  Page 17901 Wisconsin Avenue  Bethesda  CITY  STATE	
safety deposit boxes  Name of Bank, Depo	Por maintains funds.  Ository, etc.  Vells Fargo  Page 17901 Wisconsin Avenue  Bethesda  CITY  STATE	
safety deposit boxes  Name of Bank, Depo	Por maintains funds.  Ository, etc.  Vells Fargo  Page 17901 Wisconsin Avenue  Bethesda  CITY  STATE	
safety deposit boxes  Name of Bank, Depo	Por maintains funds.  Ository, etc.  Vells Fargo  Page 17901 Wisconsin Avenue  Bethesda  CITY  STATE	

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

anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.  Mailing Address	pries: List all banks	s or other depositories in	Telephone Nu		s funds, h	olds accounts, rent
anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	pries: List all banks	s or other depositories in			s funds, h	olds accounts, rent
anks or Other Deposite afety deposit boxes or mane of Bank,	pries: List all banks	s or other depositories in			s funds, h	olds accounts, rent
anks or Other Deposito	pries: List all banks	s or other depositories in			s funds, h	olds accounts, rent
TITLE OR POSITION			Telephone Nu	mber		
TITLE OR POSITION			Telephone Nu	mber		
TITLE OR POSITION					1 1	
		CITY A		STATE A		ZIP CODE ▲
Mailing Address						
Full Name						
esignated Agent: Identi	fy by name, addres	s (phone number – optio	nal)			
Connecte	ed Organization	Affiliated Committee	Joint Fundraising	Representa	tive	Leadership PAC Sp
Relationship:		CITY A		STATE ▲		ZIP CODE ▲
						-
Mailing Address						
ame of Any Connected	l Organization, Affi	liated Committee, Joint	Fundraising Rep	resentative	, or Lead	ership PAC Spons
4.				Tidifibei	<b>C</b> 0000	7 3020
				number number	C C000	
3. NRCC	a. Inc.			number		07416 45616
Young For low  NRCC	ck For Congress	•		_	0 0000	07416

FEC Form 1S (Revised 02/2017)

Page 6 **of** 14

5(a)	or(h). <b>Joint Fundraisi</b> n	g Participant:		
(0)	Faso For Cong		FEC ID number	C C00580415
		ittee Pacmc PAC	FEC ID number	C C00428052
	Valadao For Co	ongress	FEC ID number	C C00499392
	Culberson For 0	Congress	FEC ID number	C C00343236
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Sponsor
		I		ı
	Mailing Address			
	Dolotionohin	0.1777	07775	
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	d Organization Affiliated Committee Joint	Fundraising Representa	tive Leadership PAC Sponsor
8	Designated Agent: Identify	v by name address (phone number – optional)		
8.		y by name, address (phone number – optional)		
8.	Designated Agent: Identify Full Name	y by name, address (phone number – optional)		
8.		y by name, address (phone number – optional)		
8.	Full Name	y by name, address (phone number – optional)		
8.	Full Name	y by name, address (phone number – optional)		
8.	Full Name		STATE A	ZIP CODE A
8.	Full Name	CITY A		
8.	Full Name	CITY A	STATE A	
8. 9.	Full Name Mailing Address  TITLE OR POSITION	CITY A  Te  ries: List all banks or other depositories in which	STATE A	ZIP CODE ▲
	Full Name	CITY A  Te  ries: List all banks or other depositories in which	STATE A elephone Number the committee deposit	ZIP CODE ▲
	Full Name	CITY A  Te  ries: List all banks or other depositories in which aintains funds.	STATE A elephone Number the committee deposit	ZIP CODE ▲
	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or main Name of Bank, Depository, etc.	CITY A  Te  ries: List all banks or other depositories in which aintains funds.	STATE A elephone Number the committee deposit	ZIP CODE ▲
	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or main Name of Bank, Depository, etc.	CITY A  Te  ries: List all banks or other depositories in which aintains funds.	STATE A elephone Number the committee deposit	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

5(g) or (h)	). Joint Fundraisin	g Participant:			
	Hurd For Congr		FEC ID nu	mber C	C00545467
	Katko For Cong	ress	FEC ID nu	mber C	C00556365
	Claudia Tenney	For Congress	FEC ID nu	mber C	C00632828
_	Mast For Congr	ess	FEC ID nu	mber C	C00632257
6. <b>Na</b>	me of Any Connected	Organization, Affiliated Committee, Joint Fur	ndraising Repres	entative, o	Leadership PAC Sponsor
L					
L					
	Mailing Address				
	Relationship:	CITY A	ST	ATE A	ZIP CODE ▲
	Connected	d Organization Affiliated Committee Jo	oint Fundraising Re	presentative	Leadership PAC Sponsor
8. <b>Des</b>	signated Agent: Identify  Full Name	by name, address (phone number – optional)	1 1 1 1 1 1	1 1 1	
—. 8. <b>De</b> :	Full Name	by name, address (phone number – optional)		1 1 1	
—. 8. <b>De</b> :		by name, address (phone number – optional)			
—. 8. <b>De</b> :	Full Name	by name, address (phone number – optional)			
—. 8. <b>De</b> :	Full Name				
—- 8. <b>De</b> :	Full Name	CITY		TE A	ZIP CODE A
—- 8. <b>De</b> :	Full Name Mailing Address	CITY		 ΓΕ <b>Δ</b>	ZIP CODE A
9. <b>Ba</b> ı safe	Full Name Mailing Address  TITLE OR POSITION	CITY A	STA* Telephone Numb	ΓE ▲ er	
9. <b>Ba</b> ı safe	Full Name  Mailing Address  TITLE OR POSITION  Inks or Other Depositor fety deposit boxes or maintenance of Bank,	CITY A	STA* Telephone Numb	ΓE ▲ er	
Ð. <b>Ba</b> i safe Nai	Full Name  Mailing Address  TITLE OR POSITION  Inks or Other Depositor dety deposit boxes or main me of Bank, pository, etc.	CITY A	STA* Telephone Numb	ΓE ▲ er	
9. <b>Ba</b> ı safe	Full Name  Mailing Address  TITLE OR POSITION  Inks or Other Depositor dety deposit boxes or main me of Bank, pository, etc.	CITY A	STA* Telephone Numb	ΓE ▲ er	

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

h). <b>Joint Fundraisin</b>			C C00599464
1.		FEC ID number	
2. Don Bacon For		FEC ID number	C C00575167
3. Blum For Congr	'ess 	FEC ID number	C C00543926
4. Kevin McCarthy	For Congress	FEC ID number	C C00420935
ame of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spon
Mailing Address	1		
<b>3</b>			
Relationship:	CITY A	STATE A	ZIP CODE A
		OIAIL A	
	Organization Affiliated Committee J by name, address (phone number – optional)	oint Fundraising Represent	ative Leadership PAC Sp
			ative Leadership PAC Sp
esignated Agent: Identify			ative Leadership PAC Sp
esignated Agent: Identify  Full Name			ative Leadership PAC Sp
esignated Agent: Identify  Full Name			ative Leadership PAC Sp
esignated Agent: Identify  Full Name	by name, address (phone number – optional)		
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esignated Agent: Identify  Full Name	by name, address (phone number – optional)	STATE A	
esignated Agent: Identify  Full Name	by name, address (phone number – optional)  CITY   CITY   ries: List all banks or other depositories in whi	STATE A Telephone Number	ZIP CODE A
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esignated Agent: Identify  Full Name	by name, address (phone number – optional)  CITY   CITY   ries: List all banks or other depositories in whi	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or maintain arms of Bank,	by name, address (phone number – optional)  CITY   CITY   ries: List all banks or other depositories in whi	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor dety deposit boxes or main arms of Bank, epository, etc.	by name, address (phone number – optional)  CITY   CITY   ries: List all banks or other depositories in whi	STATE A Telephone Number	ZIP CODE A
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## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

) or(h). <b>Joint Fundraisir</b>	ng Participant:		
Jason Lewis Fo	or Congress, Inc.	FEC ID number	C C00589234
Mike Bishop Fo	or Congress	FEC ID number	C C00561001
Friends Of Erik	Paulsen	FEC ID number	C C00439661
Steve Knight Fo	or Congress	FEC ID number	C C00554014
Name of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraising Representativ	ve, or Leadership PAC Sponsor
Mailing Address			
Relationship:	CITY A	STATE A	ZIP CODE ▲
neialionsnip.			
	d Organization Affiliated Committee Jo	oint Fundraising Represen	tative Leadership PAC Spons
Connecte	Affiliated Committee Joing by name, address (phone number – optional)		Leadership PAC Spons
Connecte  Designated Agent: Identif			Leadership PAC Spons
Designated Agent: Identif			Leadership PAC Spons
Designated Agent: Identif	y by name, address (phone number – optional)		Leadership PAC Spons
Designated Agent: Identification  Full Name  Mailing Address	y by name, address (phone number – optional)		
Designated Agent: Identif	y by name, address (phone number – optional)		
Designated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite safety deposit boxes or mailing Name of Bank,	cy by name, address (phone number – optional)  CITY   CITY   Pries: List all banks or other depositories in whi	STATE A Telephone Number	ZIP CODE A
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Designated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite safety deposit boxes or mailing Name of Bank,	cy by name, address (phone number – optional)  CITY   CITY   Pries: List all banks or other depositories in whi	STATE A Telephone Number	ZIP CODE A
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

TITLE OR POSITION  Sanks or Other Depositor afety deposit boxes or mail ame of Bank, depository, etc.  Mailing Address	ries: List all banks	s or other depositories i	n which the comm		s funds, holds	accounts, rents
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TITLE OR POSITION	<b>▼</b>		Telephone N	umber		
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	_	<u>-</u>				
		CITY ▲		STATE A	ZIF	CODE A
			<u> </u>			
Mailing Address						
Mailing Address						
resignated Agent: Identify	y by name, addres	es (phone number – opt	ional)			
Connected	d Organization	Affiliated Committee	Joint Fundraisin	g Representa	ative Lea	dership PAC Spo
Relationship:		CITY ▲		STATE ▲	Z	IP CODE ▲
Mailing Address						
lame of Any Connected	Organization, Aff	iliated Committee, Join	nt Fundraising Re	oresentative	e, or Leadersl	nip PAC Spons
4.	uigiess		FEC II	) number	C C0055426	51
COMSTOCK FOR C				0 number	C C006292	
3. Comstock for C	naroce 2019			) number	C C006087	
Comstock for C	r Congress					

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

(h). <b>Joint Fundraising</b> Carlos Curbelo	Congress	FEC ID number	C C00546846
1. Arizona Republi	can Party	FEC ID number	C C00008227
2. California Repul	blican Party Federal Acct.	FEC ID number	C C00140590
3. Landa Anna Santa Anna Anna Anna Anna Anna Anna Anna	v of Florida	FEC ID number	C C00099259
4.	1		O THE STATE OF THE
lame of Any Connected	Organization, Affiliated Committee, Joint Fun	ndraising Representative	e, or Leadership PAC Sponse
Mailing Address			
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		int Fundraising Representa	ative Leadership PAC Spo
	Organization Affiliated Committee Jo  by name, address (phone number – optional)	int Fundraising Representa	ative Leadership PAC Spo
Designated Agent: Identify		int Fundraising Representa	Leadership PAC Spo
Pesignated Agent: Identify  Full Name   _   _   _		int Fundraising Representa	Leadership PAC Spo
Pesignated Agent: Identify  Full Name   _   _   _		int Fundraising Representa	Leadership PAC Spo
Pesignated Agent: Identify  Full Name   _   _   _	by name, address (phone number – optional)	sint Fundraising Representation	
Pesignated Agent: Identify  Full Name    Mailing Address	by name, address (phone number – optional)		
Pesignated Agent: Identify  Full Name    Mailing Address  TITLE OR POSITION	by name, address (phone number – optional)  CITY   ies: 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 Depositor afety deposit boxes or mail	by name, address (phone number – optional)  CITY   ies: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
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## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

5(a)	or(h). <b>Joint Fundraisi</b> r	ng Participant:			
,	Illinois Republi		FEC II	) number	C C00005926
	Republican Par	rty of Iowa	FEC II	) number	C C00014498
	Kansas Republ	lican Party	FEC II	) number	C C00004606
	4. Michigan Repu	blican Party	FEC II	) number	C C00041160
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fund	draising Rep	oresentative	, or Leadership PAC Sponsor
	Mailing Address				
	Relationship:	CITY A		STATE ▲	ZIP CODE ▲
	Connecte	d Organization Affiliated Committee Join	nt Fundraisin	g Representa	tive Leadership PAC Sponsor
_					
<b></b> .	Designated Agent: Identif	y by name, address (phone number – optional)			
δ.		y by name, address (phone number – optional)			
<b></b>	Full Name	y by name, address (phone number – optional)			
ŏ.	Full Name	y by name, address (phone number – optional)			
<b></b>	Full Name			STATE A	ZIP CODE A
<b></b>	Full Name	CITY A	Telephone N	STATE A	ZIP CODE A
	Full Name Mailing Address  TITLE OR POSITION	CITY A  pries: List all banks or other depositories in which	Telephone N	STATE  umber	
	Full Name Mailing Address  TITLE OR POSITION  Banks or Other Depositor	CITY A  pries: List all banks or other depositories in which	Telephone N	STATE  umber	
	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite safety deposit boxes or main that the safety deposit boxes or main the safe	CITY A  pries: List all banks or other depositories in which	Telephone N	STATE  umber	
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	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite safety deposit boxes or main safety deposit boxes or main safety depository, etc.	CITY A  pries: List all banks or other depositories in which	Telephone N	STATE  umber	

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Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor  Mailing Address  Relationship: CITY ▲ STATE ▲ ZIP CODE ▲  Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor		Mailing Address			
Mailing Address  Relationship: CITY ▲ STATE ▲ ZIP CODE ▲  Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor					
	8.	Connected	d Organization Affiliated Committee Joint		
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor		Mailing Address			
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor					
	6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representativ	e, or Leadership PAC Sponsor
		2		FEC ID number	C C00164418
New Jersey Republican State Committee    Second Parameter   Committee   Commit		1.	rty Of Minnesota - Federal lican Central Committee	FEC ID number	C C00082925

FEC Form 1S (Revised 02/2017)

afety deposi ame of Ban epository, e	ther Depositori it boxes or main			ther deposit	ories in w		committe		ts fun	ds, holds	s account	s, rents
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	Connected	Organization	Affilia	ated Commit	tee	Joint Fund	draising F	Represent	ative	Le	adership F	PAC Spo
Relation	nship:			CITY 🛦			5	STATE A			ZIP COD	E 🛦
				<u> </u>					L			
Mailing	Address											
lame of An	y Connected C	Organization	n, Affiliated	I Committee	e, Joint F	undraisin	ng Repre	esentativ	e, or	Leaders	hip PAC	Spons
4.							EC ID i	number	С			
4.		y 01 Viigiii				J	EC ID			C000013	305	-
3	ublican Party					_	EC ID i			C001437		-
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