Only

STATEMENT OF

PAGE 1 / 10 =

FORM 1		ORGA	NIZAT	ΓΙΟΝ	J					Of	fice Use	e Only		
1. NAME OF COMMITTEE (in	full)	(Check if na is changed)		Example over the	e:If typing	g, type	[2FI	Ξ4M		iice Ose	ş Orliy		
YVETTE4CO	NGRE	SS												
ADDRESS (number ar	nd street)	28 Adobe Ranch Tra	uil											
(Check if a	ddress			1 1	1 1 1				1 1	1 1	1 1	1 1	1 1	
is changed)	Alamogordo CITY ▲						NM STATE		883	10-	ZIP C	CODE A	
COMMITTEE'S E-MA	IL ADDRES	SS												
(Check if a is changed		pgpearce53@gmai	l.com											
		Optional Second E- yherrell@yahoo.com	Mail Addres	ss										
COMMITTEE'S WEB (Check if a is changed	address	PRESS (URL)												
2. DATE 12	2 18													
3. FEC IDENTIFIC	CATION NU	MBER ▶	C C0065	55571										
4. IS THIS STATEM	MENT X	NEW (N)	OR		AMEND	DED (A)								
I certify that I have e	xamined thi	s Statement and to t	the best of i	my know	rledge ar	nd belief	it is t	rue, o	correc	t and	comp	lete.		
Type or Print Name of	of Treasurer	Herrell, Stella, Yvett	e, ,											
Signature of Treasure	er Herrel	I, Stella, Yvette, ,					Da	te	M 12	^M /	18	D /	202	4
NOTE: Submission of	false, errone	ous, or incomplete info									penalti	es of 5	2 U.S.C	c. §30109
Office Use				Fed	further in eral Election Free 800-	on Commi		ct:				FOF	RM 1	

Local 202-694-1100

E	Form 1 (Revised 03/2022)	Page 2
	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 the information below.)	e candidate
	Name of Candidate Herrell, Stella Yvette, , ,	
	Candidate Party Affiliation NNE Office Sought: House Senate President	State NM District 02
	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,	
	Political Action Committee (PAC):	
	e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connecte	d organization is a:
	Corporation Corporation w/o Capital Stock Labor O	rganization
	Membership Organization Trade Association Coopera	tive
	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	ıC).
	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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political
	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	

I	FEC Form 1 (Revised 0	2/2009)	Page 3
٧	Vrite or Type Committee Name	DE00	
	YVETTE4CONG		
6.		rganization, Affiliated Committee, Joint Fundraising Representati	ive, or Leadership PAC Sponsor
	Scalise Leadership F	und 2024	
	Mailing Address	320 1st St SE	
		1	
		Washington	20003-1838
		CITY ▲ STATE	▲ ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Repres	sentative Leadership PAC Sponso
7.	Custodian of Records: Ident books and records.	fy by name, address (phone number optional) and position of the pe	erson in possession of committee
	Pearce, Ph	ilip	
	Full Name		
	Mailing Address	1111 10th St	
		Ste 404	
		Alamogordo	88310-6413
		CITY ▲ STATE	▲ ZIP CODE ▲
	Title or Position ▼		
	Custodian of Records	Telephone number	979 - 571 - 0405
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the commitssistant treasurer).	ttee; and the name and address of
	Full Name Herrell, Ste	lla, Yvette, ,	
	or measurer	PO Box 4338	
	Mailing Address		
		Alamogordo	88310
		CITY ▲ STATE	▲ ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	575 - 430 - 2113

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
Title or Position	CITY ▲ STATE ▲	ZIP CODE ▲
	Telephone number	
	Depositories: List all banks or other depositories in which the committee deposits funds, haves or maintains funds.	olds accounts, rents
Name of Bank, D	Depository, etc.	
	Classic City Bank	
Mailing Address	2365 W Broad St	
	Athens GA 3060	06
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, D	Depository, etc.	
	First American Bank	
Mailing Address	1300 N White Sands Blvd	
	Alamogordo NM 8831	0
	CITY ▲ STATE ▲	ZIP CODE ▲

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

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	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spon
Emmer Majority Build	ders 		
Mailing Address	824 S. Milledge Ave. Ste. 101		
	Athens	GA	30606-
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name	CITY	STATE A	ZIP CODE A
Full Name	CITY A	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, Classi	CITY A City A pries: List all banks or other depositories in which	Telephone Number	
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h). Joint Fundraisi	ng Participant:		
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2.		FEC ID numb	per C
3.		FEC ID numb	per C
4.		FEC ID numb	per C
ame of Any Connected	Organization, Affiliated Committee, Joint	Fundraising Represent	ative, or Leadership PAC Spo
Grow The Majority			
Mailing Address	228 S Washington St		
	Ste 115		
D.L.	Alexandria	VA	
Relationship:	CITY ▲	CTATI	E ▲ ZIP CODE ▲
Connecte		✓ Joint Fundraising Repre	sentative Leadership PAC
Connecte esignated Agent: Identif	d Organization Affiliated Committee	✓ Joint Fundraising Repre	sentative Leadership PAC
Connecte	d Organization Affiliated Committee	≺ Joint Fundraising Repre	sentative Leadership PAC
Connecte esignated Agent: Identif	d Organization Affiliated Committee	≺ Joint Fundraising Repre	sentative Leadership PAC
Connecte esignated Agent: Identif	d Organization Affiliated Committee y by name, address (phone number – option	Joint Fundraising Repre	
Connecte esignated Agent: Identif	d Organization Affiliated Committee	≺ Joint Fundraising Repre	
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Esignated Agent: Identification of the connected and the connected and the connected and the connected and the connected at t	Affiliated Committee y by name, address (phone number – option CITY CITY ries: List all banks or other depositories in	Joint Fundraising Repre	ZIP CODE A
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h). Joint Fundraisi	ig i ai delpant.			
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3.		FE	C ID number	C
4.		 	C ID number	C
ame of Any Connected	Organization, Affiliated Committee	, Joint Fundraising	Representative	e, or Leadership PAC Spons
ZA Deletise Fulid				
Mailing Address	824 S Milledge Ave			
	Ste 101			
	Athens		GA GA	30605-
Relationship:	CITY ▲		STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee		aising Represent	ative Leadership PAC Sp
	_		aising Represent	ative Leadership PAC Sp
esignated Agent: Identi	_		aising Represent	ative Leadership PAC Sp
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(h). Joint Fundraisi	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	I Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spons
Mailing Address	PO Box 500		
	Glens Falls	NY NY	12801-
		STATE ▲	ZIP CODE ▲
	CITY ▲ ed Organization	int Fundraising Representa	ative Leadership PAC Sp
Connecte	ed Organization Affiliated Committee X Jo		ative Leadership PAC Spo
Connecte esignated Agent: Identi	ed Organization Affiliated Committee X Jo		ative Leadership PAC Spo
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esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	Affiliated Committee X Jo fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which anintains funds.	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, epository, etc.	Affiliated Committee	state Telephone Number	ZIP CODE A

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

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h). Joint Fundraisir	ig Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
-	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spons
Gt Farm Team 2024			
Mailing Address	PO Box 30844		
	Bethesda	MD	20824-0844
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee X Joint y by name, address (phone number – optional)	Fundraising Represent	ative Leadership PAC Sp
		Fundraising Represent	ative Leadership PAC Sp
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3.			FEC ID nun	nber C	
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4.			FEC ID nun	nber C	
Name of Any Connected	Organization, Affilia	ited Committee, Joint F	undraising Represe	ntative, or	Leadership PAC Spons
Mailing Address					
Relationship:		CITY A	STA	⊥ TE ▲	ZIP CODE A
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Connecte		Affiliated Committee	Joint Fundraising Rep	resentative	Leadership PAC Sp
Connecte			-	resentative	Leadership PAC Sp
Connecte esignated Agent: Identif			-	resentative	Leadership PAC Sp
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