Image# 202409189675520285				PAGE 1 / 13
FEC FORM 1	STATEMEI ORGANIZ			
	(Ohaalu if aaraa			Office Use Only
I. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
ASHLEY HINSON	FOR CONGRESS	<b>S</b>		
DDRESS (number and street)	PO BOX 811			
(Check if address				
is changed)				52302
			STATE ▲	
OMMITTEE'S E-MAIL ADDRE	SS			
(Check if address is changed)	COMPLIANCE@RIGHTSI			
	Optional Second E-Mail Ad	dress		
<ul> <li>(Check if address is changed)</li> </ul>				
. DATE 09 / 1				
. FEC IDENTIFICATION N	UMBER ► C C	00706267		
_				
. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A	A)	
certify that I have examined th	nis Statement and to the best	of my knowledge and beli	ef it is true, correct	and complete.
ype or Print Name of Treasure				
ype of this mane of fleasure	r HOBBS, CABELL, , ,			
ignature of Treasurer HOB	BS, CABELL, , ,		Date 09	18 2024
OTE: Submission of false, erron	eous, or incomplete information ANY CHANGE IN INFORMA		-	the penalties of 52 U.S.C. §3010
Office Use		For further information Federal Election Common Toll Free 800-424-953	on contact: mission	FEC FORM 1 (Revised 06/2012)

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EC	C Form 1 (Revised 03/2022) Page
	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 candidate information below.)
	Name of Candidate ARENHOLZ, ASHLEY, HINSON, ,
	Candidate Office V State
	Party Affiliation REP Sought: X House Senate President District
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.
	Name of Candidate
	Party Committee:
	(d) This committee is a or subordinate) committee of the Republican, etc.) Part

## **Political Action Committee (PAC):**

(e)	This committee is a separate segregated fund.	(Identify connected organization on line 6	6.) Its connected organization is a:
	Corporation	Corporation w/o Capital Stock	Labor Organization
	Membership Organization	Trade Association	Cooperative
	In addition, this committee is a Lobb	yist/Registrant PAC.	
(f)	This committee supports/opposes more than o committee. (i.e., nonconnected committee)	ne Federal candidate, and is NOT a sepa	rate segregated fund or party
	In addition, this committee is a Lobb	yist/Registrant PAC.	
	In addition, this committee is a Lead	ership PAC. (Identify sponsor on line 6.)	
(g)	This committee is an independent expenditure	-only political committee (Super PAC).	
	In addition, this committee is a Lobb	yist/Registrant PAC.	
(h)	This committee is a political committee with bo	oth contribution and non-contribution accou	unts (Hybrid PAC).
	In addition, this committee is a Lobb	yist/Registrant PAC.	

## Joint Fundraising Representative:

This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political (i) committees/organizations, at least one of which is an authorized committee of a federal candidate. This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political (j) committees/organizations, none of which is an authorized committee of a federal candidate. Committees Participating in Joint Fundraiser С 1. С 2. 

IA

02

FEC Form 1 (Revised 02/2009) Pag	e <b>3</b>

Write or Type Committee Name

## ASHLEY HINSON FOR CONGRESS

6.	Name of Any Connected Or	ganization, Af	filiate	d C	om	mit	tee,	Jo	oint	F	und	rai	sin	g F	Rep	res	sen	tati	ve	, oi	r Le	ead	ers	ship	P/	٩C	Spe	ons	or	
	Ashley Hinson Victory	Committe	e																											]
																														]
	Mailing Address	PO Box 34102	27																							<u> </u>		<u> </u>		
		Austin											1				Ľ	X 			<b>7</b>	/873 	34		<u> </u>	] –		<u> </u>		
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	Relationship: Connected (	Organization	Affi	iate	d O	rgai	nizat	tior	ו	×	Jo	int	Fur	ndra	aisir	ng I	Rep	res	ent	ativ	/e	l	]	Lea	ders	ship	) PA	(C :	Зро	nsoi

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

HOBBS, C	ABELL, , ,				
Full Name					
Mailing Address	PO BOX 811				
				52302	
	С	ITY 🔺	STATE	<b>A</b>	ZIP CODE 🔺
Title or Position ▼					
			Telephone number		

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer	HOBBS, CABELL, , ,
Mailing Address	PO BOX 811
	MARION
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	

FEC Form 1 (Revised 02	2009)	Page <b>4</b>
Full Name of Designated Agent		
Mailing Address		
	CITY A STATE A	ZIP CODE
Title or Position ▼		
	Telephone number	-

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

WELL	S FARGO BANK		1
Mailing Address	8302 WOODMONT AVE		
	BETHESDA	MD 20814	
	CITY A	STATE A	ZIP CODE
Name of Bank, Depositor			
Mailing Address	2200 WILSON BLVD		
	STE 100		
		VA 22201	
		STATE A	ZIP CODE

5(g) or (h).	Joint Fundraising	Participant:	_	
1.		FEC	ID number	
2.		FEC	ID number	
3.		FEC	ID number	
4.		FEC	ID number	
6. <b>Name</b>	of Any Connected C	Prganization, Affiliated Committee, Joint Fundraising R	epresentative, o	or Leadership PAC Sponsor
	OTECT THE HOUS			
	Mailing Address	PO BOX 30844		
ľ	Maining Address			
		BETHESDA	MD I	20824
I	Relationship:		L STATE ▲	
	Connected	Organization Affiliated Committee X Joint Fundrais	na Representativ	e Leadership PAC Sponsor
	nated Agent: Identify	hy name, address (nhone number – ontional)		
	nated Agent: Identify	by name, address (phone number - optional)		
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Fu	II Name	by name, address (phone number – optional)		
Fu	II Name	by name, address (phone number - optional)		
Fu	II Name			
Fu	III Name			
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Fu Ma T 	ailing Address	CITY ▲ CITY ▲ Telephone Es: List all banks or other depositories in which the comm	Number	
Fu Ma T  9. <b>Banks</b> safety	ailing Address	CITY ▲ CITY ▲ Telephone Es: List all banks or other depositories in which the commutations funds.	Number	
Fu Ma T 	ailing Address	CITY ▲ CITY ▲ Telephone Es: List all banks or other depositories in which the comm	Number	
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Fu Ma T 	ailing Address	CITY ▲ CITY ▲ Telephone Es: List all banks or other depositories in which the committains funds. CITY ▲	Number	
Fu Ma T 	ailing Address	CITY ▲ CITY ▲ Telephone Es: List all banks or other depositories in which the committains funds. CITY ▲	Number	

5(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	С
2.			FEC ID number	С
3.			FEC ID number	С
4.			FEC ID number	С
6. <b>Name</b>	of Any Connected C	rganization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
IO\		)		
	Mailing Address	824 S. MILLEDGE AVE STE 101		
		ATHENS	GA	30605
	Relationship:		STATE 🔺	ZIP CODE
		oy name, address (phone number – optional)		
	nated Agent: Identify	oy name, address (phone number – optional)		
Fu		by name, address (phone number – optional)		
Fu	III Name	by name, address (phone number - optional)		
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Fu	ull Name		L I I I I I I I I I I I I I I I I I I I	
Fu Ma 9. <b>Banks</b> safety Name	ailing Address	CITY ▲ CITY ▲ Tele Es: List all banks or other depositories in which th	ephone Number	

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	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
- 6. <b>I</b>	Name of Any Connected	Organization, Affiliated Committee, Joint Fundrai	sing Representative	or Leadershin PAC Sponsor
0. 1			onig riepiecentative,	
	Mailing Address	228 S WASHINGTON ST		
		STE 115		
				22314
	Relationship:		STATE A	
	Connected	Organization Affiliated Committee X Joint F	undraising Representat	ive Leadership PAC Sponsor
8. <b>C</b>		by name, address (phone number - optional)		
8. <b>C</b>	Full Name	by name, address (phone number – optional)		
8. <b>C</b>		by name, address (phone number – optional)		
8. <b>C</b>	Full Name	by name, address (phone number - optional)		
8. C	Full Name			
8. <b>C</b>	Full Name			
8. <b>C</b>	Full Name		L LL L L L L L L L L L L	
9. <b>E</b> s	Full Name          Mailing Address         TITLE OR POSITION            Banks or Other Depositor         Safety deposit boxes or ma		phone Number	
9. E S	Full Name Mailing Address TITLE OR POSITION		phone Number	
9. E S	Full Name Mailing Address TITLE OR POSITION		phone Number	
9. E S	Full Name          Mailing Address         TITLE OR POSITION            Banks or Other Depositor         safety deposit boxes or main         Name of Bank,         Depository, etc.		phone Number	
9. E S	Full Name          Mailing Address         TITLE OR POSITION            Banks or Other Depositor         safety deposit boxes or main         Name of Bank,         Depository, etc.		phone Number	

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5(g) or (h).	Joint Fundraising	Participant:			
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2	2.			number	С
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2	4. 🔄 🖂 🖂 🖂		FEC ID	number	С
	TFARM TEAM 2024	rganization, Affiliated Committee, Joint F	undraising Rep	resentative	, or Leadership PAC Sponsor
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L					
	Mailing Address	PO BOX 30844			
			1	MD	20824
	Relationship:	CITY A			
	Connected	Organization Affiliated Committee X	Joint Fundraising	Representa	tive Leadership PAC Sponsor
8. <b>Des</b> i	ignated Agent: Identify	by name, address (phone number – optiona	I)		
	ignated Agent: Identify	by name, address (phone number – optiona	<b>I)</b>		
		by name, address (phone number – optiona	<b>))</b>		
	Full Name	by name, address (phone number – optiona	<b>)</b> 		
	Full Name	by name, address (phone number – optiona	<b>))</b> 		
	Full Name				
	Full Name				
	Full Name				ZIP CODE ▲
9. Ban safe Narr	Full Name			umber	
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1	SCALISE LEADERSH	IIP FUND 2024				-	-
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L							
	Mailing Address	320 1ST ST SE					
		WASHINGTON				20003	-
	Relationship:		CITY A			ZIP CC	
	Connected	Organization	Affiliated Committee	Joint Fundraising F	Representativ	e Leadership	PAC Sponsor
8. <b>De</b>	Full Name	by name, address	(phone number – option	al)			
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American Battleg	round Fun	d							1 1				
Mailing Address		Box 30844	1 										
	Be	thesda					. 1	MD	2	20824	1 1	_  ,	1 1
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Conn Designated Agent: Ide Full Name Mailing Address TITLE OR POSIT	entify by na	Ime, addre	ess (phor	ne number		al)							: Spons

5(g) or (	(h). Joint Fundraising	J Participant:			
	1.			FEC ID number	С
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	3.			FEC ID number	С
	4.			FEC ID number	С
6. N	Name of Any Connected	Organization, Affiliated Con	nmittee, Joint Fundr	aising Representative	e, or Leadership PAC Sponsor
	EMMER MAJORITY	BUILDERS			
	Mailing Address	824 S. MILLEDGE AVE. ST	E. 101		
				GA	30605
	Relationship:	СІТ	ΎΔ	STATE A	
	Connected	Organization Affiliated C	Committee 🗙 Joint	Fundraising Representa	ative Leadership PAC Sponsor
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8. D	Designated Agent: Identify	by name, address (phone n	umber – optional)		
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	Full Name	by name, address (phone n	umber – optional)		
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9. <b>B</b> S	Full Name	CITY	└	elephone Number	
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9. <b>B</b> S	Full Name          Mailing Address         TITLE OR POSITION            Banks or Other Depositor         afety deposit boxes or ma         Jame of Bank,         Depository, etc.	CITY	└	elephone Number	
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5(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	С
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4.			FEC ID number	С
6. <b>Name</b>	e of Any Connected C	rganization, Affiliated Committee, Joint Fundraisi	ng Representative	. or Leadership PAC Sponsor
	Mailing Address	502 6TH STREET		
			WI	54016
	Relationship:		STATE A	
	Connected	Drganization Affiliated Committee X Joint Fun	ndraising Representa	tive Leadership PAC Sponsor
8. Desig	nated Agent: Identify	by name, address (phone number - optional)		
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5(g) or (h).	Joint Fundraising	Participant:				
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6. <b>Name</b>	e of Any Connected C	Drganization, Affilia	ted Committee, Joint Fu	undraising Represe	entative, or Le	eadership PAC Sponsor
		D 2024				
	Mailing Address	320 FIRST STREE	ET SE			
		WASHINGTON				0003
	Relationship:			ST	ATE 🔺	
	Connected	Organization A	ffiliated Committee	Joint Fundraising Rep	presentative	Leadership PAC Sponsor
8. Desig	nated Agent: Identify	by name, address (	phone number – optiona	I)		
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