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) is changed) over the lines. Josh Hawley for Senate PO BOX 31476 ADDRESS (number and street) (Check if address is changed) ST. LOUIS 63131 MO CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS salpurpura2010@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.joshhawley.com (Check if address is changed) DATE 2023 C00652727 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. Purpura, Salvatore, , , Type or Print Name of Treasurer Purpura, Salvatore, , , [Electronically Filed] 06 2023 Signature of Treasurer Date 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

FEC 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.)	candidate
Name of Candidate Hawley, Joshua, David, Sen,	
Candidate Party Affiliation REP Office Sought: House Senate President	State MO
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the Republican, or	etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	organization is a:
Corporation Corporation w/o Capital Stock Labor Org	ganization
Membership Organization Trade Association Cooperation	ve
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)	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 PAC	C).
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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
Committees Participating in Joint Fundraiser	
1 C	
C	

	FEC Form 1 (Revised 0	2/2009)	Page 3
V	Vrite or Type Committee Name Josh Hawley fo	or Senate	
6.		ganization, Affiliated Committee, Joint Fundraising Represe	ntative, or Leadership PAC Sponsor
	Mailing Address	228 S WASHINGTON ST.	
		STE. 115	
		ALEXANDRIA	VA 22314
		CITY ▲ ST.	TATE ▲ ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Re	epresentative Leadership PAC Sponso
7.	Custodian of Records: Ident books and records.	fy by name, address (phone number optional) and position of the	e person in possession of committee
	Purpura, Sa	alvatore, , ,	
	Full Name		
	Mailing Address	6334 Pumpernickel Lane	
		Monroe	NC 28110
		CITY ▲ ST.	TATE ▲ ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	704 - 668 - 1993
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the consistant treasurer).	mmittee; and the name and address of
	Full Name Purpura, Sa	alvatore,,,	
	of Treasurer	16334 Pumpernickel Lane	
	Mailing Address		
		Monroe	NC 28110 - L
		CITY ▲ ST.	TATE ▲ ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	r [704] - [668] - [1993]

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
	Telephone number]
Banks or Other safety deposit box	Depositories: List all banks or other depositories in which the committee deposits funds kes or maintains funds.	, holds accounts, rents
Name of Bank, D	epository, etc.	
Mailing Address	BB&T	
		2314
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.	
	Chain Bridge Bank	
Mailing Address	1445A Laughlin Ave	
	McLean VA 22	2101
	CITY ▲ STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

5(g)	or(h). Joint Fundraisin	g Participant:			
	1		FEC	ID number	C
	2.		FEC	ID number	C
	3.		 FEC	ID number	C
	4.		FEC	ID number	C
6.	Name of Any Connected	Organization, Affiliated Committee, Joint	Fundraising Re	epresentativ	e, or Leadership PAC Sponsor
		(1 OOWINITTEE			
	Mailing Address	PO Box 13026			
		Austin		L TX	78711
	Relationship:	CITY A		STATE ▲	ZIP CODE ▲
	Connected	d Organization Affiliated Committee	Joint Fundraisi	ng Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify Full Name	y by name, address (phone number – option	nal)		
	Mailing Address				
	Mailing Address				
	TITLE OR POSITION	▼ CITY ▲		STATE ▲	ZIP CODE ▲
			Telephone	Number	
9.	safety deposit boxes or ma	ries: List all banks or other depositories in value in the state of th	which the comn	nittee deposit	s funds, holds accounts, rents
	Mailing Address	2001 K ST NW			
	Mailing Address				
		WASHINGTON		DC	20006
ı		CITY A		STATE ▲	ZIP CODE ▲

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	C
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected	l Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spon
CRAMER-HAWL	EY VICTORY FUND		
1			
Mailing Address	PO BOX 26141		
	ALEXANDRIA	ı VA ı	22313
Relationship:	CITY A	STATE A	ZIP CODE A
		Fundraising Representa	
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 Mailing Address	CITY A	STATE A	
Full Name Mailing Address TITLE OR POSITION	CITY A	elephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	CITY A Te	elephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, JOHN	CITY A Te	elephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY CITY Te pries: List all banks or other depositories in which aintains funds.	elephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, JOHN	CITY CITY Te pries: List all banks or other depositories in which aintains funds. MARSHALL BANK	elephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY CITY Te pries: List all banks or other depositories in which aintains funds. MARSHALL BANK 1625 K STREET, NW STE 1050	elephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY CITY Te pries: List all banks or other depositories in which aintains funds. MARSHALL BANK	elephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

5(a)	or(h). Joint Fundraising	n Particinant		
o(g)	1.	,	FEC ID number	C
	2.		FEC ID number	C
			FEC ID number	C
	3.		FEC ID number	C
	4		TEO ID Hambor	<u> </u>
6.		Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
	Mailing Address	PO BOX 31476		
		ST LOUIS	MO	63131
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint	Fundraising Representa	ative Leadership PAC Sponsor
8.		by name, address (phone number - optional)		
8.	Full Name	by name, address (phone number – optional)		
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	CITY A	STATE A	ZIP CODE A
8.	Full Name	CITY A	STATE A	ZIP CODE A
8. 9.	Full Name	CITY A Tel ies: List all banks or other depositories in which t	lephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.	CITY A Tel ies: List all banks or other depositories in which t	lephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail	CITY A Tel ies: List all banks or other depositories in which t	lephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.	CITY A Tel ies: List all banks or other depositories in which t	lephone Number	

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

(h). Joint Fundraisii	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3		FEC ID number	C
4		FEC ID number	C
Name of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spons
Mailing Address	228 S WASHINGTON ST.		
	STE. 115		
	ALEXANDRIA	, , , , , , , , VA	22314
Relationship:	CITY 🛦	STATE ▲	ZIP CODE ▲
Connecte		oint Fundraising Represent	Laure Lauren Lau
	y by name, address (phone number – optional)		ative Leadership PAC Spo
Designated Agent: Identif			
Designated Agent: Identif			
Designated Agent: Identif			
Designated Agent: Identification Full Name Mailing Address	y by name, address (phone number – optional)		ZIP CODE A
Designated Agent: Identif	y by name, address (phone number – optional)		
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whi	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite Safety deposit boxes or make the safety deposit boxes or make the safety depository, etc.	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whi	STATE A Telephone Number	ZIP CODE A

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

	ng Participant:				
1.			FEC ID) number	С
2			FEC IE	number	С
3.			FEC ID	number	С
4.			FEC ID	number	C
		liated Committee, Joint	Fundraising Rep	resentativ	e, or Leadership PAC Spons
HAWLEY WIN F	UND				
Mailing Address	PO BOX 9891			1 1 1	
	ARLINGTON			VA I	22219
Relationship:		CITY A		STATE A	ZIP CODE ▲
	ed Organization		Joint Fundraising		
Full Name	1				
Full Name L					
Mailing Address		CITY A		STATE A	ZIP CODE A
		CITY A	Telephone N	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

h). Joint Fundraisin	g Participant:				
1			FEC I	D number	С
2.			FEC I	D number	С
3.			FEC I	D number	С
4.			FEC I	D number	С
			Fundraising Re	presentativ	e, or Leadership PAC Spor
JOSH HAWLEY \	ICTORY COMMIT	TEE 			
_ 					
	PO BOX 31476				
Mailing Address					
	ST LOUIS			MO	63131
Relationship:		CITY A		STATE ▲	ZIP CODE ▲
			Joint Fundraisin	g Represent	ative Leadership PAC S
esignated Agent: Identify	Organization Affiliates by name, address (phon			g Represent	ative Leadership PAC S
esignated Agent: Identify				g Represent	ative Leadership PAC S
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esignated Agent: Identify	by name, address (phon	e number – optiona	al)		
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esignated Agent: Identify Full Name	by name, address (phon	e number – optiona	al)	STATE A	
esignated Agent: Identify Full Name	by name, address (phon	e number – optiona	al)	STATE A	
Full Name Mailing Address TITLE OR POSITION	by name, address (phon	e number – optiona	al) Telephone N	STATE A	
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Full Name	by name, address (phon	e number – optiona	al) Telephone N	STATE A	ZIP CODE A

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

	g 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 F	undraising Representativ	ve, or Leadership PAC Spor
PROTECTING TH	HE MAJORITY		
Mailing Address	228 S WASHINGTON ST.		
	STE. 115		
	ALEXANDRIA	VA	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connected	d Organization Affiliated Committee	Joint Fundraising Represen	tative Leadership PAC S
esignated Agent: Identify	by name, address (phone number - optional	ıl)	
Full Name	by name, address (phone number – optiona	l)	
	by name, address (phone number – optiona	l)	
Full Name	by name, address (phone number – optional		
Full Name	by name, address (phone number – optional		
Full Name	CITY		ZIP CODE A
Full Name	CITY		
Full Name Mailing Address TITLE OR POSITION	CITY A	STATE A Telephone Number	ZIP CODE A
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Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or main arms of Bank,	CITY A	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor of the deposit boxes or main arms of Bank, epository, etc.	CITY A	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor detay deposit boxes or main arms of Bank, epository, etc.	CITY A	STATE A Telephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

h). Joint Fundraisin	g Participant:			
1.		F	EC ID number	C
2		F	EC ID number	С
3.		F	EC ID number	С
4.		F	EC ID number	С
=	Organization, Affiliated Committee, .	Joint Fundraisin	g Representativ	e, or Leadership PAC Spor
TEAM MCCONNE	:LL 			
Mailing Addings	228 S WASHINGTON ST			
Mailing Address	STE 115			
			\/A	22314
B 1 % 1	ALEXANDRIA		VA	
Relationship:	CITY A		STATE ▲	ZIP CODE ▲
	Organization Affiliated Committee		draising Represent	ative Leadership PAC S
esignated Agent: Identify	Organization Affiliated Committee by name, address (phone number –		Iraising Represent	ative Leadership PAC S
esignated Agent: Identify			draising Represent	ative Leadership PAC S
esignated Agent: Identify			draising Represent	ative Leadership PAC S
esignated Agent: Identify			draising Represent	
esignated Agent: Identify	by name, address (phone number –	optional)		
esignated Agent: Identify	by name, address (phone number –	optional)	STATE A	
esignated Agent: Identify Full Name	by name, address (phone number –	optional)		
Full Name	by name, address (phone number – CITY CITY ies: List all banks or other depositoric	optional)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor of the deposit boxes or maintenance.	by name, address (phone number – CITY CITY ies: List all banks or other depositoric	optional)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or ma	by name, address (phone number – CITY CITY ies: List all banks or other depositoric	optional)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or ma	by name, address (phone number – CITY CITY ies: List all banks or other depositoric	optional)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor dety deposit boxes or material depository, etc.	by name, address (phone number – CITY CITY ies: List all banks or other depositoric	optional)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor dety deposit boxes or material depository, etc.	by name, address (phone number – CITY CITY ies: List all banks or other depositoric	optional)	STATE A	ZIP CODE A

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

TITLE OR POSITION Banks or Other Deposito afety deposit boxes or ma Jame of Bank, Depository, etc. Mailing Address		other depositories in whice		its funds, holds accounts, rents
Banks or Other Deposito afety deposit boxes or malame of Bank, Depository, etc.		other depositories in which		its funds, holds accounts, rents
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Banks or Other Deposito		other depositories in which		its funds, holds accounts, rents
	rias: List all hanks or	other denositories in which		its funds holds accounts roots
TITLE OR POSITION				
TITLE OR POSITION		, , , , , l	Telephone Number	
	▼	CITY A	STATE ▲	ZIP CODE ▲
Mailing Address				
Full Name				
Designated Agent: Identify			- '	
Connected	d Organization Af	ffiliated Committee	int Fundraising Represen	tative Leadership PAC Spo
Relationship:		CITY A	STATE A	ZIP CODE ▲
	ALEXANDRIA		, VA	22314
Mailing Address	STE. 115			
	ı 228 S WASHINGTO	ON ST.		
Name of Any Connected The Founders Co		ted Committee, Joint Fur	ndraising Representation	ve, or Leadership PAC Sponse
4			1 LO ID Hambel	<u> </u>
1			FEC ID number	C
3.			FEC ID number	C
 3. 			FEC ID number	C

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

h). Joint Fundraisi r	ig Faiticipant.		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4		FEC ID number	С
ame of Any Connected Winsome Leaders	Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spon
Mailing Address	901 N Washington St		
Mailing Address	Suite 700		
	Alexandria	, VA	22314
Relationship:	CITY A	STATE A	ZIP CODE A
		Fundraising Representa	Leadership PAC Sp
Connecte		Fundraising Representa	Leadership PAC Sp
Connecte esignated Agent: Identif	d Organization Affiliated Committee	Fundraising Representa	Leadership PAC Sp
Connecte esignated Agent: Identif	d Organization Affiliated Committee	Fundraising Representa	Leadership PAC Sp
Connecte esignated Agent: Identif	d Organization Affiliated Committee	Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif Full Name Mailing Address	d Organization Affiliated Committee	Fundraising Representation	Leadership PAC Sp
Connecte esignated Agent: Identif	d Organization Affiliated Committee y Joint y by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	Affiliated Committee y Joint y by name, address (phone number – optional) CITY CITY Telepries: 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 Depositor afety deposit boxes or mailing and agent agen	Affiliated Committee y Joint y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A