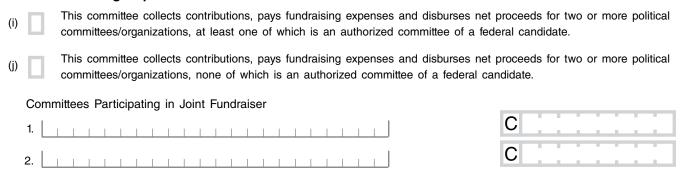
04/23/2024 16 : 58

STATEMENT	OF
ORGANIZATI	ON

FEC FORM 1	STATEMENT ORGANIZATI	_	o	PAGE 1 / 237
1. NAME OF COMMITTEE (in full)		kample:If typing, type ver the lines.	12FE4M5	
	1320 FIRST STREET SE			
ADDRESS (number and street)				
<ul> <li>(Check if address is changed)</li> </ul>	·			
	WASHINGTON CITY ▲		DC 200 STATE ▲	2003 
COMMITTEE'S E-MAIL ADDRE				
(Check if address is changed)	kdavis@hdafec.com			
	Optional Second E-Mail Address			
COMMITTEE'S WEB PAGE AD (Check if address is changed)	DRESS (URL)			
2. DATE 04 / 2	<sup>D</sup> / <sup>Y</sup> Y Y Y 3 2024			
3. FEC IDENTIFICATION N	UMBER ► C C00075	820		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
I certify that I have examined t	his Statement and to the best of my	v knowledge and belief it is	s true, correct and	l complete.
Type or Print Name of Treasure	Pr Davis, Keith A., , ,			
Signature of Treasurer Davi	s, Keith A., , ,		Date 04	23 / Y Y Y Y 2024
NOTE: Submission of false, erron	eous, or incomplete information may s ANY CHANGE IN INFORMATION			penalties of 52 U.S.C. §30109
Office Use Only		For further information col Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

FE	C Form	1 (Revised 03/2022)	Page <b>2</b>
5.	TYPE C	DF COMMITTEE:	
	Candid	late 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.)	ne candidate
	Name Candio		
	Candio Party	date Office Affiliation Sought: House Senate President	State
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
		ne of didate	
	Party (	Committee:       (National, State       (Democrational)         This committee is a       NAT       or subordinate) committee of the       REP       Republican	c, , etc.) Party
	Politica (e)	al Action Committee (PAC): This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:
		Corporation Corporation w/o Capital Stock	Organization
		Membership Organization Trade Association Coopera	ative
		In addition, this committee is a Lobbyist/Registrant PAC.	
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	ed 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 P	AC).

## Joint Fundraising Representative:



In addition, this committee is a Lobbyist/Registrant PAC.

Г

W	FEC Form 1 (Revised 0 rite or Type Committee Name	,			Ραί	ge <b>3</b>
	NRCC					
6.	Name of Any Connected O	rganization, Affiliated Committee, Join	nt Fundraising	Representative, or	Leadership PAC	Sponsor
	Mailing Address	12176 CHANCERY STATION CIRCLE				
		RESTON			20190	
		CITY ▲		STATE 🔺	ZIP COL	DE 🔺
	Relationship: Connected	Organization Affiliated Organization	X Joint Fund	draising Representative	Eeadership	p PAC Spons

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

Davis, Keit	th A., , ,		
Full Name			
Mailing Address	320 First Street SE		
	Washington	DC 20003	
	CITY 🔺	STATE 🔺	ZIP CODE
Title or Position ▼			
Treasurer		Telephone number	479 - 7000

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	Davis, Keith A., , ,
Mailing Address	320 First Street SE
	Washington     DC     20003
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	
Treasurer	Image:

FEC Form 1 (Revised 02/20	FEC F	orm 1	(Revised	02/2009)
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Full Name of Designated Agent	Williams, Katy, , ,
Mailing Address	320 First Street SE
	Washington         DC         20003
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	
Assistant Treasur	rer     202     -     479     -     7000       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.

l	Wells Fargo		
Mailing Address	1753 Pinnacle Drive		
	McLean	VA 22102	
	CITY 🔺	STATE 🔺	ZIP CODE
Name of Bank, De	epository, etc.		
l	Country Club Bank		
Mailing Address	P.O. Box 410889		
	Kansas City	MO 64141	
	CITY 🔺	STATE A	ZIP CODE ▲

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

	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 Fund	raising Representative	e, or Leadership PAC Sponsor
	ITY NY		
Mailing Address	228 S WASHINGTON ST STE 115		
Ū.			
		VA _	22314
Relationship:		L STATE ▲	
		t Fundraising Representa	
		<b>3</b> -	
Designated Agent: Identif	y by name, address (phone number - optional)		
Full Name			
Full Name			
Mailing Address			
	•		
Mailing Address	•	I I I I I I I I I I I I I I I I I I I	
Mailing Address	т <u>, , , , , , , , , , , , , , , , , , , </u>	elephone Number	
Mailing Address	ries: List all banks or other depositories in which	elephone Number	
Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mail	ries: List all banks or other depositories in which	elephone Number	
Mailing Address TITLE OR POSITION Banks or Other Depositor Safety deposit boxes or ma	ries: List all banks or other depositories in which	elephone Number	
Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mail Name of Bank, _ Truist	ries: List all banks or other depositories in which	elephone Number	
Mailing Address TITLE OR POSITION Banks or Other Depositor Safety deposit boxes or mainter Name of Bank, Truist Depository, etc.	ries: List all banks or other depositories in which aintains funds.	elephone Number	

STATE **A** 

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

STATE 🔺

ZIP CODE

1 FEC ID number   2 FEC ID number   3. FEC ID number   4. FEC ID number   4. FEC ID number   5. FEC ID number   6. FEC ID number   7. FEC ID number   7. FEC ID number   8. P.O. BOX 500   Mailing Address P.O. BOX 500   9. GLENS FALLS   9. Cornecled Organization   10. Atfiliated Committee   9. Joint Fundraising Representative   9. Leadership PAC Sponsor   STATE A ZIP CODE A   11. Cornecled Organization   12. Atfiliated Committee   12. Joint Fundraising Representative   12. Leadership PAC Sponsor   Provide the state of the st	g) or (h).	Joint Fundraising	Participant:		
2.	1.			FEC ID number	С
4.       FEC ID number         FEC ID number       C         Stepsol       FEC ID number         Mailing Address       P.O. BOX 500         Mailing Address       P.O. BOX 500         GLENS FALLS       NY         Image: Connected Organization       Affiliated Committee         Viet of Connected Organization       Affiliated Committee         Image: Connected Organization       Affiliated Committee	2.			FEC ID number	C
4.	3.			FEC ID number	C
STEFANIK- ESPOSITO NY VICTORY         Mailing Address         P.O. BOX 500         Mailing Address         QLENS FALLS         GLENS FALLS         Connected Organization         Affiliated Committee         Joint Fundraising Representative         Leadership PAC Sponsor         Designated Agent: Identify by name, address (phone number – optional)         Full Name         Mailing Address         CITY ▲         STATE ▲         ZIP CODE ▲         TITLE OR POSITION ▼         CITY ▲         STATE ▲         ZIP CODE ▲         TITLE OR POSITION ▼         CITY ▲         STATE ▲         ZIP CODE ▲         Telephone Number	4.			FEC ID number	C
STEFANIK- ESPOSITO NY VICTORY         Mailing Address         P.O. BOX 500         Mailing Address         QLENS FALLS         GLENS FALLS         Connected Organization         Affiliated Committee         Joint Fundraising Representative         Leadership PAC Sponsor         Designated Agent: Identify by name, address (phone number – optional)         Full Name         Mailing Address         CITY ▲         STATE ▲         ZIP CODE ▲         TITLE OR POSITION ▼         CITY ▲         STATE ▲         ZIP CODE ▲         TITLE OR POSITION ▼         CITY ▲         STATE ▲         ZIP CODE ▲         Telephone Number					
Mailing Address P.O. BOX 500   Mailing Address P.O. BOX 500   GLENS FALLS NY   12801   GLENS FALLS NY   12801   Connected Organization Affiliated Committee   X Joint Fundraising Representative Leadership PAC Sponsor   Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Title OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Title or Positiones: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, ServisFirst Bank	Name	of Any Connected C	)rganization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
Mailing Address     GLENS FALLS     Image: GLENS FALLS        Image: GLENS FALLS              Relationship:   Connected Organization </td <td>STE</td> <td>FANIK- ESPOSIT(</td> <td></td> <td></td> <td></td>	STE	FANIK- ESPOSIT(			
Mailing Address     GLENS FALLS     Image: GLENS FALLS        Image: GLENS FALLS              Relationship:   Connected Organization </td <td></td> <td></td> <td></td> <td></td> <td></td>					
GLENS FALLS   Relationship:   CITY ▲   STATE ▲ ZIP CODE ▲   Connected Organization   Affiliated Committee   Joint Fundraising Representative   Leadership PAC Sponsor   Designated Agent:   Identify by name, address (phone number – optional)   Full Name   Mailing Address   CITY ▲   STATE ▲ ZIP CODE ▲ TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Title 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, ServisFirst Bank	Ν	lailing Address	P.O. BOX 500		
Relationship: CITY ▲ STATE ▲ ZIP CODE ▲   Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor   Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Title OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Title OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Title OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Title OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Title OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Title OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Main of Bank, _ ServisFirst Bank	Ĩ	aning Address			
Relationship: CITY ▲ STATE ▲ ZIP CODE ▲   Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor   Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Title OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Title OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Title OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Title OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Title OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Title OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Main of Bank, _ ServisFirst Bank			GLENS FALLS	NY .	. 12801
Connected Organization	E	Polationshin:			
<ul> <li>Designated Agent: Identify by name, address (phone number – optional)</li> <li>Full Name</li></ul>					
Full Name		Connected	Organization Affiliated Committee X Joint I	Fundraising Representa	ative Leadership PAC Sponsor
Mailing Address			by name, address (phone number – optional)		
TITLE OR POSITION ▼       CITY ▲       STATE ▲       ZIP CODE ▲         Image: State Imag	Full	Name			
TITLE OR POSITION ▼	Ma	iling Address			
TITLE OR POSITION ▼					
TITLE OR POSITION ▼					
Telephone Number	Τľ	TLE OR POSITION		STATE A	ZIP CODE
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, ServisFirst Bank				ephone Number	-   -
safety deposit boxes or maintains funds.       Name of Bank,     ServisFirst Bank					
		or Other Depositorion deposit boxes or mair	es: List all banks or other depositories in which that the funds.	he committee deposit	s funds, holds accounts, rents
			rst Bank		
300 Galleria Parkway SE         Mailing Address		-	300 Galleria Parkway SE		1
		VIAIIIII IU AUUIESS			
Atlanta		Maining Address	Suite 100		· · · · · · · · · · · · · · · · · · ·

CITY

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

or(h).	Joint Fundraisin	g Participant:		
1.			FEC ID number	C
2.			FEC ID number	С
3.			FEC ID number	С
4.			FEC ID number	C
	of Any Connected ERNOLTE VICTO	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
1	Vailing Address	824 S MILLEDGE AVE STE 101		
	-			
			, GA ,	30605
F	Relationship:		⊥ ⊥ ⊥ ⊥ STATE ▲	
	Connected	d Organization Affiliated Committee X Joint	Fundraising Represent	ative Leadership PAC Sponso
Desiar	nated Agent: Identify	v bv name, address (phone number – optional)		
	nated Agent: Identify	v by name, address (phone number – optional)		
Fu		/ by name, address (phone number - optional)		
Fu	II Name	/ by name, address (phone number - optional)		
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Fu Ma	II Name			
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Fu Ma TI <b>Banks</b> safety	II Name		ephone Number	
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Fu Ma TI Banks safety Name Deposi	II Name		ephone Number	
Fu Ma TI Banks safety Name Deposi	II Name		ephone Number	

STATE 🔺

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

ZIP CODE

STATE 🔺

(g) or (h).	Joint Fundraising	Participant:		
1.		F	EC ID number	C
2.		F	EC ID number	С
3.		F	EC ID number	C
4.		F	EC ID number	С
	-	organization, Affiliated Committee, Joint Fundraisir	ng Representative	e, or Leadership PAC Sponsor
COL		OMMITTEE		
	lailing Address	824 S MILLEDGE AVE		
IV	lailing Address	STE 101		
				20005
_		ATHENS	GA	30605
н	elationship:	CITY A	STATE A	ZIP CODE A
	Connected	Organization Affiliated Committee X Joint Fund	draising Representa	tive Leadership PAC Sponsor
. Design	ated Agent: Identify I	by name, address (phone number - optional)		
-	ated Agent: Identify I	by name, address (phone number – optional)		
Full		by name, address (phone number - optional)		
Full	Name	by name, address (phone number - optional)		
Full	Name	by name, address (phone number - optional)		
Full	I Name			
Full	Name			
Full	I Name		U U U U U U U U U U U U U U U U U U U	
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Full Mai TI 	I Name	CITY ▲ CITY ▲ Teleph Es: List all banks or other depositories in which the o	one Number	
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Full Mai TI Banks safety o Name o Deposit	I Name	CITY ▲ CITY ▲ Teleph Es: List all banks or other depositories in which the ontains funds.	one Number	
Full Mai TI Banks safety o Name o Deposit	I Name	CITY ▲ CITY ▲ Teleph Es: List all banks or other depositories in which the one of the second banks Onal Bank	one Number	

CITY

1									
1. 🗋				FEC	ID number	С			
2.				FEC	ID number	С			
3.				 _   FEC	ID number	С			
				L FEC	ID number	С			
4. 🗌									_
Nome	f Any Connected (	Organization Affilia	ted Committee, Joint	Fundraising	Ponrocontotiv		darahin		
	DEN VICTORY F	-	led Committee, Joint	runulaising r	representativ	e, or Lea	luership	FAC 3	ponse
Ma	ailing Address	555 METRO PLAC	E S						
		STE. 525				1 1 1			1 1
						430	)17		
Re	elationship:				STATE ▲		 7IP		
T IC		_			STATE A		215	CODE	
Designa	ted Agent: Identify	by name, address (	phone number – optior	nal)					
-	ted Agent: Identify	by name, address (	phone number – optior	nal)					
Full		by name, address (	phone number – optior	nal)					
Full	Name	by name, address (	phone number – optior	nal)					
Full	Name	by name, address (	phone number – optior	nal)					
Full	Name			nal)					
Full	Name		phone number – option	nal)					

	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
-	Organization, Affiliated Committee, Joint Fundr	aising Representat	ive, or Leadership PAC Sponsor
	:SS 		
Mailing Address	228 S. WASHINGTON ST.		
C C	STE. 115		
		VA	22314
Relationship:			
Π.	d Organization Affiliated Committee X Joint	Fundraising Represe	ntative Leadership PAC Spons
Full Name			
Full Name			
Mailing Address	I <b>▼</b>	STATE	
Mailing Address	I <b>▼</b>		
Mailing Address	. ▼ Te	elephone Number	
Mailing Address	Te → → → → → → → → → → → → → → → → → → →	elephone Number	
Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or ma	Te → → → → → → → → → → → → → → → → → → →	elephone Number	
Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or ma Name of Bank, _ First M	↓       ↓       Te         pries: List all banks or other depositories in which aintains funds.       Te	elephone Number	
Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or ma Name of Bank, Depository, etc.	Image: Pries: List all banks or other depositories in which aintains funds.         Ierit Bank	elephone Number	
Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or ma Name of Bank, Depository, etc.	Image: Pries: List all banks or other depositories in which aintains funds.         Ierit Bank	elephone Number	

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

) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	С
2.			FEC ID number	С
3.			FEC ID number	С
4.			FEC ID number	C
	of Any Connected C DERHOLT MAJORIT	Drganization, Affiliated Committee, Joint Fundra	aising Representativ	e, or Leadership PAC Sponsor
	Mailing Address	831 LINWOOD CT		
				35222
	Relationship:		STATE A	ZIP CODE
	Connected	Organization Affiliated Committee X Joint	Fundraising Represent	ative
Fu	ull Name			
М	ailing Address			
				-
-			STATE A	
	TITLE OR POSITION		lankara Number	_   _
			lephone Number	
safety Name	deposit boxes or main	ies: List all banks or other depositories in which t ntains funds. Nevada	the committee deposit	s funds, holds accounts, rents
- 0000	, <u>,</u>			
		8505 Centennial Parkway		
	Mailing Address			
	Mailing Address	Las Vegas		

STATE 🔺

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

ZIP CODE

		Participant:				
1.				F	EC ID number	С
2.				F	EC ID number	С
3.				F	EC ID number	С
4.				F	EC ID number	С
	iv Connected O		mittee, Joint	Fundraisin	g Representativ	e, or Leadership PAC Sponsor
Mailing	g Address	PO BOX 7208				
		KINGSPORT				37664
Relatio	onship:	CIT	ſ <b>▲</b>			
	Connected	Drganization Affiliated C	ommittee	<ul> <li>Joint Fund</li> </ul>	raising Represent	ative Leadership PAC Spons
•	•	by name, address (phone nu		,		
Full Nam	ne					
Full Nam Mailing A	<u> </u>					
	<u> </u>					
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Mailing A	Address					
Mailing A	<u> </u>					

STATE 🔺

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

) or (h).	Joint Fundraisin	g Participant:
1.		FEC ID number
2.		FEC ID number
3.		FEC ID number
4.		FEC ID number
Name	of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor
GU	S BILIRAKIS VIC	
Ν	Mailing Address	PO BOX 2485
		SPRINGFIELD         VA         22152
F	Relationship:	CITY A STATE A ZIP CODE A
	Connected	Organization Affiliated Committee X Joint Fundraising Representative Leadership PAC Spons
	II Name	by name, address (phone number – optional)
Ма		
IVIC	ailing Address	
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	iiling Address TLE OR POSITION	
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TI Banks safety Name Deposi	or Other Deposito deposit boxes or ma of Bank, itory, etc.	Telephone Number ies: List all banks or other depositories in which the committee deposits funds, holds accounts, rents intains funds. ational Bank

STATE 🔺

5(g)	or(h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	С
	3.		FEC ID number	C
	4.		FEC ID number	C
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraising Representativ	ve, or Leadership PAC Sponsor
	Mailing Address	228 S WASHINGTON STREET		
		SUITE 115		
		ALEXANDRIA		22314
	Relationship:			
	Connected	d Organization	pint Fundraising Represen	tative Leadership PAC Sponsor
8.	Designated Agent: Identify	y by name, address (phone number – optional)		
8.	Designated Agent: Identify	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			
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	Full Name          Mailing Address         TITLE OR POSITION            Banks or Other Deposito         safety deposit boxes or main		I I I I I I I I I I I I I I I I I I I	

5			
	Ennis	TX	75119
		STATE A	ZIP CODE

ected Organization, ORY COMMITTEE			D number D number D number	C C C C , or Leadership PAC Sp	onsor
			D number D number	C C	onsor
			D number	C	onsor
					onsor
		t Fundraising Re	presentative,	or Leadership PAC Sp	onsor
		t Fundraising Re	presentative,	, or Leadership PAC Sp	onsor
PO BOX 18					I I
PO BOX 18					
s PO BOX 18	<u> </u>				
	3				
			WI	54016	
	CITY 🔺		STATE A	ZIP CODE	•
Identify by name, add	dress (phone number – opti	onal)			
ITION V	CITY A		STATE A	ZIP CODE 🔺	
		Telephone N	lumber		
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

) or (h).	Joint Fundraisin	g Participant:		
1.			FEC ID number	С
2.			FEC ID number	С
3.			FEC ID number	С
4.			FEC ID number	С
		Organization, Affiliated Committee, Joint Fund	raising Representativ	e, or Leadership PAC Sponsor
SA				
	Mailing Address	47 FLINTLOCK DR		
		SHIRLEY	NY	11967
	Relationship:		STATE ▲	
			t Fundraising Represent	ative
	Connecte	d Organization 📃 Affiliated Committee 🛛 🗙 Joint	r runuraising represent	Leadership FAC Sponso
	Connecte	d Organization Affiliated Committee X Joint		
Desig		/ by name, address (phone number – optional)		
Fu	gnated Agent: Identify			
Fu	ull Name			
Fu	ull Name			
Fi	gnated Agent: Identify	/ by name, address (phone number – optional)		
Fi	ull Name	y by name, address (phone number – optional)		
Fi	gnated Agent: Identify	y by name, address (phone number – optional)		
Fi M	gnated Agent: Identify ull Name failing Address	v by name, address (phone number – optional)		
Fi M J	gnated Agent: Identify ull Name failing Address	y by name, address (phone number – optional)		
Fi M Bank safety	gnated Agent: Identify ull Name failing Address TITLE OR POSITION	y by name, address (phone number – optional)		
Fi M Banks safety Name	gnated Agent: Identify ull Name failing Address TITLE OR POSITION	y by name, address (phone number – optional)		
Fi M Banks safety Name	gnated Agent: Identify ull Name failing Address TITLE OR POSITION  s or Other Deposito / deposit boxes or ma	y by name, address (phone number – optional)		
Fi M Banks safety Name	gnated Agent: Identify ull Name failing Address TITLE OR POSITION  s or Other Deposito / deposit boxes or mate e of Bank, Bryant sitory, etc	y by name, address (phone number – optional)		
Fi M Banks safety Name	gnated Agent: Identify ull Name failing Address TITLE OR POSITION  s or Other Deposito / deposit boxes or mate e of Bank, Bryant sitory, etc	y by name, address (phone number – optional)		

CITY

STATE **A** 

EC F	Form	1S	(Revised	02/2017)
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

37064

ZIP CODE

TN

STATE **A** 

5(g)	or (h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	С
	3.		FEC ID number	С
	4.		FEC ID number	C
6.	-	Organization, Affiliated Committee, Joint Fundrai	ising Representative	, or Leadership PAC Sponsor
		ND		
	Mailing Address	PO BOX 500		
			NY	12801
	Relationship:		STATE A	
8.		d Organization Affiliated Committee X Joint F y by name, address (phone number - optional)	Fundraising Representa	tive Leadership PAC Sponsor
	Full Name			
	Mailing Address			
	Maining Address			
	Maining Address			
		•	STATE	
9.	TITLE OR POSITION	ries: List all banks or other depositories in which thaintains funds.	ephone Number	
9.	TITLE OR POSITION	ries: List all banks or other depositories in which the aintains funds.	ephone Number	

Columbia

5(g) or (h	n). Joint Fundraising	J Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	С
	3.		FEC ID number	С
	4.		FEC ID number	С
6. <b>N</b> а	ame of Any Connected (	Organization, Affiliated Committee, Joint Fundra	aising Representativ	e, or Leadership PAC Sponsor
l	SERVANT LEADERS			
Į				
	Mailing Address	824 S. MILLEDGE AVE STE 101		
		ATHENS	GA GA	30605
	Relationship:		STATE 🔺	ZIP CODE
3. De	Full Name	by name, address (phone number – optional)		
	Mailing Address	<u> </u>		
	Maining Address			
	TITLE OR POSITION	•		
		Te	lephone Number	
sa Na	anks or Other I	Depositor es or mai	<u> </u>	Depositories: List all banks or other depositories in which the committee deposites or maintains funds.
Mailing Address	277 S. V	Vashington Street		
		277 S. Washington Street	· · · · · · · · · · · ·	

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

ZIP CODE

STATE 🔺

Connected O	rganization, Af	iliated Commit			FEC ID FEC ID FEC ID FEC ID	number number	C C C C			
					FEC ID	number	С			
		illiated Commit								
		illiated Commit			FEC ID	number	С			
		filiated Commit								
		filiated Commit								
	<b>NITTEE</b>		tee, Joint	Fundrais	ing Repr	esentative	e, or Leade	rsnip P	AC Sp	onsor
Address	PO BOX 2131	5								
		ITY				<sup>ОК</sup>	73156	1 1	_  _	1 1
ship:		CITY A	L			STATE		ZIP C		
Connected (	Organization	Affiliated Comr	mittee 🗙	Joint Fu	ndraising	Representa	ative L	eadersh	nip PAC	Spons
dress										
					S					
R POSITION	7									
				Telep	hone Nu	mber			]-[	
	gent: Identify I	Address	CITY	Address	Address	Address	Address	AddressOKLAHOMA CITYOK	AddressOKLAHOMA CITYOK	Address

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

	g Participant:		
1.	FE0	C ID number	C
2.	FE	C ID number	С
3.	FE	C ID number	С
4.	FE(	C ID number	C
Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising	Representativ	e, or Leadership PAC Sponsor
	PO BOX 101		
Mailing Address			
		NY	11705 
Relationship:	CITY 🔺	STATE	ZIP CODE
Connected	d Organization 🗌 Affiliated Committee 🛛 🗙 Joint Fundra	ising Represent	tative Leadership PAC Sponso
Full Name			
Mailing Address			
Mailing Address			
Mailing Address			
Mailing Address TITLE OR POSITION	•	STATE ▲	

STATE **A** 

5(g) or (h). Joint Fundraising	Participant:		
1		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundrais	sing Representative	, or Leadership PAC Sponsor
Mailing Address	824 S MILLEDGE AVE STE 101		
		GA	30605
Relationship:		STATE ▲	
Connected	Organization Affiliated Committee X Joint Fi	undraising Representat	tive Leadership PAC Sponsor
8. Designated Agent: Identify	by name, address (phone number - optional)		
Full Name			
Mailing Address			
TITLE OR POSITION		STATE A	
		phone Number	.  -   -
9. Banks or Other Depositorion safety deposit boxes or main	<b>es:</b> List all banks or other depositories in which the ntains funds.	e committee deposits	funds, holds accounts, rents
Name of Bank, Zions Ba	ank		

		STATE 🔺	ZIP CODE	1
	Salt Lake City		84133	
C C				
Maining Address				

FEC Form 1	S (Revised	02/2017)
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5(g) or (h).	Joint Fundraising	Participant:						
1.				FEC	D number	С		
2.				FEC	D number	С		
з. 🗌				FEC	D number	С		
4.				FEC	CID number	С		
6. Name o	f Any Connected C	Drganization, Affilia	ted Committee, Joir	nt Fundraising	Representativ	e, or Leader	ship PAC S	ponsor
Ma	ailing Address	PO BOX 30844						
					MD .	20824		
Be	elationship:							
		Organization A	ffiliated Committee	X Joint Fundrai		ative	adership PA	
3. Designa	ted Agent: Identify	by name, address (	phone number – opt	ional)				
Full	Name							
Maili	ing Address							
TIT	LE OR POSITION	•			STATE A	Z	IP CODE	
				Telephone	e Number			
safety de	or Other Depositori eposit boxes or main f <sup>Bank,</sup> <sub>I</sub> Flagstar	ntains funds.	r other depositories i	n which the con	nmittee deposi	ts funds, hold	ls accounts,	rents

Depository, etc.			
Mailing Address	1801 W. Grand River		
	Okemos	<b>MI</b>	48864
	CITY 🔺	STATE A	ZIP CODE

1.			FEC ID number	С
2.			FEC ID number	C
3.			FEC ID number	С
4.			FEC ID number	С
Name o	of Any Connected C	Organization, Affiliated Committee, Joint Fundrai	sing Representativ	e, or Leadership PAC Sponsor
COM	IER VICTORY FU	ND		
M	ailing Address	228 S. WASHINGTON ST.		
		STE. 115		
				22314
Re	elationship:		STATE	
Designa	_	Organization Affiliated Committee X Joint F	undraising Represent	ative Leadership PAC Spons
_	_		Undraising Represent	ative Leadership PAC Spons
Full	ated Agent: Identify		Undraising Represent	ative Leadership PAC Spons
Full	ated Agent: Identify			ative Leadership PAC Spons
Full	ated Agent: Identify			ative Leadership PAC Spons
Full Mail	ated Agent: Identify Name	by name, address (phone number – optional)	Eundraising Represent	ative
Full Mail	ated Agent: Identify	by name, address (phone number – optional)		

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

STATE 🔺

ZIP CODE

ō(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	C
6. Name	of Any Connected C	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Sponsor
WA	GNER-MCHENRY	VICTORY		
I	Mailing Address	6269 LEESBURG PIKE		
		B7		
		FALLS CHURCH		22044
ļ	Relationship:		STATE A	
	Connected	Organization Affiliated Committee X Join	t Fundraising Represent	ative
B. Desigi	nated Agent: Identify	by name, address (phone number – optional)		
Fu	II Name			
	ailing Address	1		
IVId	aning Address			
Т	ITLE OR POSITION		STATE A	ZIP CODE
			elephone Number	
Banks	or Other Depositori	es: List all banks or other depositories in which	the committee deposit	e funde holde accounte rente
	deposit boxes or main		the commute deposit	
Name	of Bank, First Na	tional Bank of Tennessee		
Depos	itory, etc.			
	Mailing Address	P.O. Box 848		
		Cookeville		38503

CITY

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

(g) or (h).		g Participant:		
1.			FEC ID number	С
2			FEC ID number	С
3			FEC ID number	C
4			FEC ID number	С
	e of Any Connected ACE MAJORITY FU	Organization, Affiliated Committee, Joint Fund	traising Representative	e, or Leadership PAC Sponsor
	Mailing Address	824 S MILLEDGE AVE		
		STE. 101		
			GA	30605
	Relationship:		STATE A	ZIP CODE
	Connected	d Organization Affiliated Committee X Joir	nt Fundraising Represent	ative Leadership PAC Sponsor
		by name, address (phone number - optional)		
	gnated Agent: Identify Full Name	v by name, address (phone number – optional)		
F		v by name, address (phone number – optional)		
F	Full Name	<pre>v by name, address (phone number - optional)</pre>		
F	Full Name	<pre>v by name, address (phone number – optional) </pre>		
F	Full Name			<ul> <li></li></ul>
F	Full Name		I I I I I I I I I I I I I I I I I I I	
F	Full Name			
F M Bank	Full Name		Telephone Number	
F M Bank safety Name	Full Name		Telephone Number	
F M Bank safety Name	Full Name		Telephone Number	
F M Bank safety Name	Full Name		Telephone Number	

CITY

STATE **A** 

1.				FEC	ID number	С			
2.				FEC	ID number	С			
3.				FEC	ID number	С			
4.				FEC	ID number	С			
Name o	of Any Connected C	rganization, Affiliate	ed Committee, Joint I	Fundraising R	epresentative	e, or Lead	dership	PAC Spo	onsor
CAR		ND							
		824 S MILLEDGE A	VE						
М	ailing Address	STE 101							
					GA	306	05		
Re	elationship:		CITY A		STATE 🔺		ZIP (		
				Joint Fundrais	ing Representa	ative	Leaders	hip PAC	Spon
Designa			iliated Committee		ing Representa		Leaders	hip PAC	Spons
<b>Designa</b> Full	ated Agent: Identify				ing Representa			hip PAC	Spons
<b>Designa</b> Full	ated Agent: Identify					ative	Leaders	hip PAC	Spons
<b>Designa</b> Full	ated Agent: Identify				ing Representa	ative	Leaders	hip PAC	Spons
<b>Designa</b> Full Mail	ated Agent: Identify Name	by name, address (p	hone number – option			ative			Spons
<b>Designa</b> Full Mail	ated Agent: Identify	by name, address (p					Leaders		Spons

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

ZIP CODE

STATE 🔺

ō(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	С
2.			FEC ID number	C
3.			FEC ID number	С
4.			FEC ID number	C
6. Name	e of Any Connected C	Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
GF				
		<u> </u>		
		PO BOX 9891		
	Mailing Address			
		ARLINGTON		22219
	Relationship:		STATE 🔺	ZIP CODE A
	Connected	Organization Affiliated Committee X Joint I	Fundraising Representa	ative Leadership PAC Sponsor
_	ull Name	by name, address (phone number – optional)		
IV	lailing Address			
-	TITLE OR POSITION		STATE A	ZIP CODE
L		I I I I I I I I I I I I I I I I I Tel	ephone Number	
. Bank	s or Other Depositori	es: List all banks or other depositories in which th	he committee deposit	s funds, holds accounts, rents
safety	deposit boxes or mair	itains funds.		
	of Bank, Indepen	dent Bank		
	sitory, etc. 🛄 🗀			
·	-	4420 Sunrise Road		
	Mailing Address	4420 Sunrise Road		· · · · · · · · · · · · · · · · · · ·
·	-	4420 Sunrise Road		

CITY

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

or(h).	Joint Fundraisin	g Participant:		
1.			FEC ID number	С
2.			FEC ID number	С
3.			FEC ID number	C
4. [			FEC ID number	С
Nomo	of Any Connected	Organization, Affiliated Committee, Joint Fundra	icing Depresentativ	a ar Laadarahin DAC Spanaar
	E GARCIA VICTO	-	ising nepresentative	e, or Leavership FAC Sponsor
Ν	Mailing Address	9070 IRVINE CENTER DRIVE #150		
	<b>J</b>			
				92618
-	Relationship:			
I	telationship.	CITY A	STATE A	ZIP CODE 🔺
	Connected	d Organization Affiliated Committee X Joint	Fundraising Representa	ative Leadership PAC Sponso
Design	nated Agent: Identify	v by name, address (phone number – optional)		
	nated Agent: Identify	v by name, address (phone number – optional)		
Ful		v by name, address (phone number – optional)		
Ful	II Name	/ by name, address (phone number - optional)		
Ful	II Name	/ by name, address (phone number - optional)		
Ful Ma	II Name			<pre></pre>
Ful Ma	II Name			
Ful Ma	II Name		I I I I I I I I I I I I I I I I I I I	· · · · · · · · · · · · · · · · · · ·
Ful Ma TI	II Name		ephone Number	
Ful Ma TI 	II Name		ephone Number	
Ful Ma TI Banks safety o	II Name		ephone Number	
Ful Ma Ti Banks safety	II Name		ephone Number	
Ful Ma TI Banks safety o Name o Deposi	II Name		ephone Number	
Ful Ma TI Banks safety o Name o Deposi	II Name		ephone Number	
Ful Ma TI Banks safety o Name o Deposi	II Name		ephone Number	

CITY

STATE **A** 

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

30606

ZIP CODE

GA

STATE 🔺

5(g)	or (h). Joint Fundraising	g Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	С
	3.		FEC ID number	С
	4.		FEC ID number	С
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundra RY COMMITTEE	aising Representative	, or Leadership PAC Sponsor
	Mailing Address	PO BOX 852138		
				36685
	Relationship:	CITY A	STATE A	
	Connected	Organization Affiliated Committee X Joint	Fundraising Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	y by name, address (phone number – optional)		
	Mailing Address			
	TITLE OR POSITION		STATE ▲	
			lephone Number	
9.	Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories in which t intains funds.	the committee deposit	s funds, holds accounts, rents
	N (5 )			
	Name of Bank, Cadeno	ce Bank		
		2234 W. Broad Street		

1

Athens

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

	Joint Fundraising	g Participant:		
1.			FEC ID number	С
2.			FEC ID number	С
3.			FEC ID number	C
4.			FEC ID number	С
Name	of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e. or Leadership PAC Sponsor
		FUNDRAISING COMMITTEE	0	
Ν	lailing Address	370 EAST SOUTH TEMPLE STE 580		
		1		
		SALT LAKE CITY		84111
F	Relationship:			
	Connected	Organization Affiliated Committee X Join	t Fundraising Representa	ative
	ated Agent: Identify	by name, address (phone number – optional)		
Ма	iling Address			
		1		· · · · · · · · · · · · ·
TI	TLE OR POSITION			
TI L	TLE OR POSITION	•	STATE	
Banks	or Other Depositor	• To	elephone Number	
Banks safety	or Other Depositor deposit boxes or ma	Ties: List all banks or other depositories in which intains funds.	elephone Number	
Banks safety o	or Other Depositor deposit boxes or ma	• To	elephone Number	
Banks safety Name Deposi	<b>or Other Depositor</b> deposit boxes or ma of <sup>Bank,</sup> Bank of	Ties: List all banks or other depositories in which intains funds.	elephone Number	
Banks safety Name Deposi	or Other Depositor deposit boxes or ma of Bank, Bank of tory, etc.	Fies: List all banks or other depositories in which intains funds. F North Georgia	elephone Number	

STATE **A** 

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

ZIP CODE

STATE 🔺

	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
-	d Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Sponsor
	Y FUND		
Mailing Address	PO BOX 30844		
	1		
	BETHESDA	MD	20824
Relationship:		STATE ▲	
Connecte	ed Organization	oint Fundraising Representa	tive Leadership PAC Sponso
Designated Agent: Identi	ify by name, address (phone number – optional)		
Full Name	<u> </u>		
Mailing Address			
	_ <u> </u>		
		Telephone Number	
		Telephone Number	
	ories: List all banks or other depositories in whi	Telephone Number	
Banks or Other Deposit safety deposit boxes or m Name of Bank, Bank	ories: List all banks or other depositories in whi	Telephone Number	
Banks or Other Deposit safety deposit boxes or m	ories: List all banks or other depositories in white the second s	Telephone Number	
Banks or Other Deposit safety deposit boxes or m Name of Bank, Bank	ories: List all banks or other depositories in white the second s	Telephone Number	
Banks or Other Deposit safety deposit boxes or m Name of Bank, Depository, etc.	ories: List all banks or other depositories in white the second s	Telephone Number	

CITY

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

30302

ZIP CODE

GA

STATE **A** 

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	C
6.	-	Organization, Affiliated Committee, Joint Fund	draising Representativ	e, or Leadership PAC Sponsor
	Mailing Address	1612 CRABB RIVER RD		
				77469
	Relationship:	CITY A	STATE A	
	Connected	Organization Affiliated Committee X Joi	nt Fundraising Represent	ative Leadership PAC Sponsor
0	Decignated Agents Identify	by name address (nhane number antianal)		
8.	Designated Agent: Identity	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
				-
		CITY A	STATE A	
	TITLE OR POSITION			_   _
			Telephone Number	
9.	safety deposit boxes or mai		h the committee deposit	s funds, holds accounts, rents
	Name of Bank, Depository, etc.	t 		
	Mailing Address	P.O. Box 4418		

1 1

CITY

Atlanta

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

44114

ZIP CODE

ОH

STATE 🔺

5(g) or (h).	Joint Fundraising	Participant:														
	1							FEC	C ID ni	umber	С					
	2.							FEC	C ID ni	umber	С					
(	3.							FEC	C ID nu	umber	С					
2	4.							FEC	C ID nu	umber	С		_			
6. Nan	ne of Any Connected C	Organization, A	Affiliated	Commi	ttee, Jo	oint Fu	Indra	ising	Repres	entativ	ve, or	Leade	ership	PAC	Spo	nsor
T																
	Mailing Address	PO BOX 515	522 				1									
		1				1 1	I				1 1		1 1	1 1	I	
		AMARILLO								тх		79159	)	_		
	Relationship:			CITY 4					」 ∟ S <sup>-</sup>		L		ZIP		E	
	Connected	Organization	Affilia	ited Com	mittee	×	Joint F	undrai	ising Re	epresen	tative		_eade	rship F	PAC S	Sponsor
8 <b>Dec</b>	ianated Agent: Identify	by name add	ress (nhc		0er - 0	otional	)									
	ignated Agent: Identify	by name, addı	ress (phc	one numb	per – o	otional	)									
	<b>ignated Agent:</b> Identify I	by name, addi	ress (pho	one numb	oer – o∣	ptional	)									
		by name, addi	ress (phc	one numb	oer — oj	otional	)									
	Full Name	by name, addi	ress (pho	one numb	Der – oj	ptional	)									
	Full Name	by name, addi	ress (pho	one numb	per – oj	ptional	)									
	Full Name			one numb	Der – oj	ptional	)									
	Full Name				Der – op	ptional		    	STA							
9. <b>Ban</b> safe	Full Name Mailing Address TITLE OR POSITION	• • • • • • • • • • • • • • • • • • •					Tele	·	e Numb	ber L				[		
9. <b>Ban</b> safe Narr	Full Name	• • • • • • • • • • • • • • • • • • •					Tele	·	e Numb	ber L				[		
9. <b>Ban</b> safe Narr	Full Name	es: List all ban htains funds.					Tele	·	e Numb	ber L				[		

Cleveland

CITY

5(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	С
2.			FEC ID number	С
з. 🗌			FEC ID number	С
4.			FEC ID number	C
	-	rganization, Affiliated Committee, Joint Fund	Iraising Representativ	ve, or Leadership PAC Sponsor
		;TORY FUND		
М	ailing Address	12000 STARCREST DR		
		STE 101		
				78247
R	elationship:		STATE A	
	Connected C	Drganization Affiliated Committee X Join	nt Fundraising Represen	tative Leadership PAC Sponsor
3. Designa	ated Agent: Identify b	by name, address (phone number – optional)		
Full	Name			
Mail	ling Address			
TIT	LE OR POSITION V	CITY A	STATE A	ZIP CODE
		г	Telephone Number	
		<u> </u>	TelephoneNumber	

Name of Bank, Depository, etc.	National Bank		
Mailing Address	1800 Robert Fulton Drive		
	Suite 310		
	Reston		20191
	CITY A	STATE A	ZIP CODE

EC	Form	1S	(Revised	02/2017)
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I					
1.		FEC ID n	umber C		
2.		FEC ID n	umber (	0	
3.		FEC ID n	umber 🕻		
4.		FEC ID n	umber (		
Name of Any Connected	Organization, Affiliated Committee, Joint F	undraising Repre	sentative,	or Leadership	PAC Sponsor
SHEDD VICTORY F	UND				
Mailing Address	PO BOX 365				
			VA	22101	-
Relationship:		S		ZIP	
Connecte	d Organization Affiliated Committee X	Joint Fundraising R	enresentativ		rship PAC Spons
Full Name					
Full Name					
Mailing Address		 			

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

) or (h).		g Participant:		
1.			FEC ID number	С
2.			FEC ID number	C
3.			FEC ID number	С
4.			FEC ID number	C
	SA VICTORY FUN	Organization, Affiliated Committee, Joint Fund	raising Representativ	e, or Leadership PAC Sponsor
	Mailing Address	9070 IRVINE CENTER DRIVE		
		SUITE 150		
			CA	92618
	Relationship:		STATE A	
	Connected	d Organization	t Fundraising Represent	ative
Desig	nated Agent: Identify	/ by name, address (phone number - optional)		
	nated Agent: Identify	/ by name, address (phone number - optional)		
Fu		/ by name, address (phone number - optional)		
Fu	ull Name	/ by name, address (phone number - optional)		
Fu	ull Name	/ by name, address (phone number - optional)		
Fu	ull Name			
Fu	ull Name			· · · · · · · · · · · · · · · · · · ·
Fu	ull Name			
Fu Ma T	III Name		elephone Number	
Fu Ma T 	III Name		elephone Number	
Fu Ma T Banks safety Name	ailing Address		elephone Number	
Fu Ma T Banks safety Name	ailing Address		elephone Number	
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STATE **A** 

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

ZIP CODE

STATE **A** 

1. FEC ID number C   2. FEC ID number C   3. FEC ID number C   4. FEC ID number C   4. FEC ID number C   6 FEC ID number C   75 S HIGH ST FEC ID number C   Mailing Address 75 S HIGH ST   DUBLIN OH 43017   DUBLIN OH 43017   DUBLIN OH 43017   DUBLIN OH 43017   Belationship: CITY ▲ STATE ▲   ZIP CODE CITY ▲ STATE ▲	ponso
2.	ponso
4.       FEC ID number         A.       FEC ID number         C       FEC ID number         C       GOODEN VICTORY FUND         Mailing Address       75 S HIGH ST         Mailing Address       75 S HIGH ST         DUBLIN       OH         PUBLIN       OH         Connected Organization       Affiliated Committee         X Joint Fundraising Representative       Leadership PAC         E       CITY A         STATE A       ZIP CODE         Mailing Address       Ohne number – optional)         Full Name       OHne number – optional         STATE A       ZIP CODE	ponso
4.       FEC ID number       C         Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC is GOODEN VICTORY FUND         Mailing Address       75 S HIGH ST         Mailing Address       75 S HIGH ST         Bullin       OH       43017         DUBLIN       OH       43017         Connected Organization       Affiliated Committee       STATE A       ZIP CODE         Connected Organization       Affiliated Committee       Joint Fundraising Representative       Leadership PAC         Designated Agent:       Identify by name, address (phone number – optional)       Full Name       Head for the second	ponso
GOODEN VICTORY FUND         Mailing Address       75 S HIGH ST         STE. 4         DUBLIN         OH       43017         Connected Organization       Affiliated Committee         State A gent: Identify by name, address (phone number – optional)         Full Name	ponso
GOODEN VICTORY FUND         Mailing Address       75 S HIGH ST         Mailing Address       75 S HIGH ST         UBLIN       0H       43017         DUBLIN       0H       43017         Connected Organization       Affiliated Committee       Joint Fundraising Representative       Leadership P         Designated Agent:       Identify by name, address (phone number – optional)       Full Name	ponso
Mailing Address 75 S HIGH ST   Mailing Address 75 S HIGH ST   DUBLIN 0H   DUBLIN 0H   Belationship: CITY ▲   Connected Organization Affiliated Committee   X Joint Fundraising Representative Leadership P   Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address CITY ▲ STATE ▲ ZIP CODE CITY ▲ STATE ▲ ZIP CODE CITY ▲ STATE ▲ ZIP CODE	
Mailing Address     STE. 4     DUBLIN     DUBLIN     Connected Organization     Affiliated Committee     X Joint Fundraising Representative     Leadership P     Designated Agent:     Identify by name, address (phone number – optional)     Full Name     Mailing Address     OITY A     STATE A     ZIP CODE     Outring Address	
Mailing Address     STE. 4     DUBLIN     DUBLIN     Connected Organization     Affiliated Committee     X Joint Fundraising Representative     Leadership P     Designated Agent: Identify by name, address (phone number – optional)     Full Name     Mailing Address     CITY A     STATE A     ZIP CODE     CITY A     STATE A     ZIP CODE	<u> </u>
Mailing Address     STE. 4     DUBLIN     DUBLIN     OH   43017     Affiliated Committee     STATE     Connected Organization     Affiliated Committee     Joint Fundraising Representative     Leadership Pi     Designated Agent:     Identify by name, address (phone number – optional)     Full Name     Mailing Address     CITY A     STATE A     ZIP CODE     CITY A     STATE A     ZIP CODE	<u>   </u>
DUBLIN   OH   43017   Relationship:   Connected Organization   Affiliated Committee   Joint Fundraising Representative   Leadership P.   Designated Agent: Identify by name, address (phone number – optional)   Full Name   Mailing Address   CITY A STATE A ZIP CODE CITY A STATE A ZIP CODE	
Relationship: CITY ▲ STATE ▲ ZIP CODE     Connected Organization Affiliated Committee Joint Fundraising Representative Leadership P   Designated Agent: Identify by name, address (phone number – optional)   Full Name	
Connected Organization       Affiliated Committee       Isoint Fundraising Representative       Leadership Paralleleee         Designated Agent:       Identify by name, address (phone number – optional)         Full Name	
Designated Agent: Identify by name, address (phone number – optional)         Full Name         Mailing Address         Image: Interview of the second s	<u> </u>
Designated Agent: Identify by name, address (phone number – optional)         Full Name         Mailing Address         Image: Interview of the second s	0.0
	<u> </u>
TITLE OR POSITION V CITY A STATE A ZIP CODE	
TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE	1 1
TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE .	
TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE .	
Telephone Number	
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts	
safety deposit boxes or maintains funds.	rents
Name of Bank, First Capital Bank of Texas	rents
Depository, etc.	rents
310 West Wall Street Mailing Address	rents
Midland	rents

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

	g 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 Fund	raising Benresentative	or Leadershin PAC Sponsor
Mailing Address	228 S WASHINGTON ST STE 115		
			22314
Relationship:			
Connected	d Organization	t Fundraising Representa	ative
Designated Agent: Identify	y by name, address (phone number - optional)		
Full Name			
Full Name			
Full Name			
			<pre></pre>
Mailing Address	•	· · · · · · · · · · · · · · · · · · ·	<pre></pre>
Mailing Address	•		<pre></pre>
Mailing Address	ries: List all banks or other depositories in which	elephone Number	
Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or ma	ries: List all banks or other depositories in which aintains funds.	elephone Number	
Mailing Address	ries: List all banks or other depositories in which aintains funds.	elephone Number	
Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or ma Name of Bank, Forcht	ries: List all banks or other depositories in which aintains funds.	elephone Number	
Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or ma Name of Bank, Depository, etc.	ries: List all banks or other depositories in which aintains funds.	elephone Number	

STATE 🔺

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

ZIP CODE

STATE 🔺

	-	Participant:									
1.					FE	C ID number	С				
2.					FE	C ID number	С				
3.					FE	C ID number	С				
4.					FE	C ID number	С				
		ganization, Affilia	ted Committee	, Joint F	undraising	Representati	ve, or Le	adershi	ip PAC	Spo	nsor
Mailing /	Address	PO BOX 30844									
								1 1	1 1	1 1	1 1
		BETHESDA					20	)824			
Relation	ship:							ZI			
	_						tativo	Lood	lorohin		
	Connected C	Prganization A	ffiliated Committe	ee X	Joint Fundra	aising Represen	lalive	Leau	lersnip	PAC S	Sponsor
Designated A	gent: Identify b	y name, address (		-		aising Represen					Sponsor
Full Name	gent: Identify b			-		ising Represen					Sponsor
	gent: Identify b			-		aising Represen					
Full Name	gent: Identify b			-		aising Represen					sponsor
Full Name	gent: Identify b		phone number -	-					· · · · · · · · · · · · · · · · · · ·		sponsor
Full Name Mailing Ad	gent: Identify b			-		aising Represen					sponsor

	aising Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
Name of Any Connec	ted Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Sponsor
BRADY VICTOR			
Mailing Address	8505 TECHNOLOGY FOREST PLACE		
	SUITE 702		
			77381
Relationship:	CITY A	STATE A	ZIP CODE
Conne	ected Organization	Fundraising Representa	ative Leadership PAC Spons
Full Name			
Mailing Address			
TITLE OR POSIT		STATE A	
	ION V	STATE ▲	ZIP CODE ▲

(g) or (h).	Joint Fundraising	Participant:						
1.					FEC ID number	С		
2.					FEC ID number	С		
з.					FEC ID number	С		
4.					FEC ID number	С		
	of Any Connected O M MCHENRY	rganization, Affi	liated Committee, J	oint Fundrais	ing Representati	ve, or Lead	ership PAC S	ponsor
Μ	ailing Address	228 S. WASHIN		<u></u>				
					I VA I	2231	4 1	
R	elationship:							
	Connected 0	Organization	Affiliated Committee	X Joint FL	Indraising Represer		Leadership PA	
Designa	ated Agent: Identify b	by name, address	s (phone number – (	optional)				
Full	Name							
	Name							
Mai	ling Address							
Mai		· · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·			

Depository, etc.	hird Bank		
Depository, etc.			
Mailing Address	1701 Boy Scout Road		
	Fort Myers	FL 33907	
	CITY 🔺	STATE A ZIF	P CODE 🔺

EC Form	1S	(Revised	02/2017)
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

ZIP CODE

STATE **A** 

r(h). Joint Fundraisi	.9		
1. 🔄 🖂 🖂		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
4.			
Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Bonrosontativ	e or Leadershin PAC Snons
NUNES VICTORY F	-		
Mailing Address	PO BOX 6545		
Maining Address			
	VISALIA		93290
Relationship:	CITY 🔺	STATE 🔺	ZIP CODE
Connecte		Fundraising Represent	
Designated Agent: Identi	y by name, address (phone number – optional)		
Designated Agent: Identi			
Designated Agent: Identi Full Name Mailing Address	y by name, address (phone number – optional)		
Designated Agent: Identi	y by name, address (phone number – optional)		
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Designated Agent: Identi Full Name Mailing Address	y by name, address (phone number – optional)		
Designated Agent: Identii Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional)	STATE	
Designated Agent: Identif Full Name Mailing Address TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or m	y by name, address (phone number – optional)	STATE	
Designated Agent: Identif Full Name Mailing Address TITLE OR POSITION  Banks or Other Deposite safety deposit boxes or m Name of Bank, Capito	y by name, address (phone number – optional)	STATE	
Designated Agent: Identif Full Name Mailing Address TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or m Name of Bank, Capito Depository, etc.	y by name, address (phone number – optional)	STATE	
Designated Agent: Identif Full Name Mailing Address TITLE OR POSITION  Banks or Other Deposite safety deposit boxes or m Name of Bank, Capito	y by name, address (phone number – optional)	STATE	
Designated Agent: Identif Full Name Mailing Address TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or m Name of Bank, Capito Depository, etc.	y by name, address (phone number – optional)	STATE	

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

5(g) o	r(h). Joint Fundraisin	ıg 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 Fu PRY COMMITTEE	undraising Representativ	e, or Leadership PAC Sponsor
	Mailing Address	228 S WASHINGTON STREET #115		
	Relationship:			22314 
			Joint Fundraising Represent	
8.	Designated Agent: Identify	y by name, address (phone number – optional	))	
	Full Name			
	Mailing Address			
	TITLE OR POSITION		STATE ▲	
-			Telephone Number	
	Banks or Other Deposito safety deposit boxes or ma	<b>pries:</b> List all banks or other depositories in wh aintains funds.	nich the committee deposi	ts funds, holds accounts, rents
	Name of Bank, Depository, etc.	Bank		

 Virginia Beach
 VA
 23451

 CITY ▲
 STATE ▲
 ZIP CODE ▲

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

ZIP CODE

5(g)	or (h). Joint Fundraisir	ng Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	С
	3.		FEC ID number	C
	4.		FEC ID number	С
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	or Leadershin PAC Sponsor
0.	HUDSON FREEDOM		aising hepresentative	, or Leadership TAO Sponsor
	Mailing Address	228 S WASHINGTON ST STE 115		
			VA	22314
	Relationship:		STATE ▲	
	Connecte	d Organization	t Fundraising Representa	tive Leadership PAC Sponsor
8.	Designated Agent: Identif	y by name, address (phone number – optional)		
8.	Designated Agent: Identif	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			<pre></pre>
8.	Full Name		STATE	· · · · · · · · · · · · · · · · · · ·
8.	Full Name			
	Full Name Mailing Address TITLE OR POSITION	CITY ▲ CITY ▲ To pries: List all banks or other depositories in which	elephone Number	
	Full Name Mailing Address TITLE OR POSITION	CITY ▲ CITY ▲ To pries: List all banks or other depositories in which	elephone Number	
8.	Full Name Mailing Address TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or m Name of Bank, First S	CITY ▲ CITY ▲ Transformes: List all banks or other depositories in which aintains funds.	elephone Number	
	Full Name          Mailing Address         TITLE OR POSITION            Banks or Other Depositor         safety deposit boxes or m         Name of Bank,       First S         Depository, etc.	CITY A	elephone Number	

STATE 🔺

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

5(g) o	or (h). Joint Fundraising	g Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	С
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Sponsor
		OMMITTEE		
	Mailing Address	228 S WASHINGTON ST STE 115		
				22314
	Relationship:		STATE 🔺	ZIP CODE
	Connected	Organization Affiliated Committee X Joi	nt Fundraising Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
		<u> </u>		
	TITLE OR POSITION		STATE A	ZIP CODE
		<u></u>	Telephone Number	
	safety deposit boxes or ma		h the committee deposit	s funds, holds accounts, rents
	Depository, etc.			
	Mailing Address	3030 S. Adrian Highway		

MI

STATE 🔺

49221

ZIP CODE

Adrian

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

ZIP CODE

STATE 🔺

5(g) or (h)	Joint Fundraising	J Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	С
	4.		FEC ID number	C
6. <b>Na</b> i	ma of Any Connected (	Organization, Affiliated Committee, Joint Fundrai	icing Poprocontativ	o ar Londorshin PAC Sponsor
	SCHWEIKERT VICTO		ising nepresentative	, of Leadership FAC Sponsor
L				
	Mailing Address	228 S WASHINGTON STREET STE 115		
	Relationship:	CITY A	STATE	
	Connected	Organization Affiliated Committee X Joint F	Fundraising Representa	ative Leadership PAC Sponsor
8. <b>Des</b>	signated Agent: Identify	by name, address (phone number – optional)		
	Full Name			
	Mailing Address	1		
				· · · · · · · · · · · · · · ·
	TITLE OR POSITION		STATE A	ZIP CODE
		Tele	ephone Number	
	nks or Other Depositor ety deposit boxes or mai	ies: List all banks or other depositories in which th intains funds.	ne committee deposit	s funds, holds accounts, rents
Nar	me of Bank, Empire	National Bank		
Dep				
Dep	pository, etc.	1044 William Floyd Parkway		<u></u>
Dep				<u> </u>
Der	pository, etc.			

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

ZIP CODE

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	draising Participant:					
1.			FEC ID	number	С	
2.			FEC ID	number	C	
3.			FEC ID	number	С	
4.			FEC ID	number	С	
	nected Organization, Affiliate	d Committee, Joint Fo	undraising Rep	resentative	e, or Leadership PAC	Sponsor
Mailing Addre	PO BOX 9891					
	ARLINGTON		1	VA	22219	
Relationship:		CITY A			ZIP COI	
C	onnected Organization	iated Committee	Joint Fundraising	Representa	tive Leadership	PAC Sponsor
8. Designated Agent:	Identify by name, address (pr	none number – optiona	l)			
Full Name						
Mailing Address	3					
indian g / la ai e e e						
TITLE OR PO						
	SITION V		Telephone Nu			
TITLE OR PO	SITION V epositories: List all banks or o s or maintains funds.		Telephone Nu	ımber		
TITLE OR PO	epositories: List all banks or o		Telephone Nu	ımber		
9. Banks or Other Do safety deposit boxe Name of Bank, L Depository, etc.	epositories: List all banks or o s or maintains funds. Huntington Bank		Telephone Nu	ımber		
TITLE OR PO	epositories: List all banks or o s or maintains funds. Huntington Bank		Telephone Nu	ımber		

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

ZIP CODE

STATE 🔺

		g Participant:		
1.			FEC ID number	С
2.			FEC ID number	С
3.			FEC ID number	С
4.			FEC ID number	C
News			ducicium Domuco conteti	un en Landerskin DAO Orenaan
	CCAUL VICTORY	Organization, Affiliated Committee, Joint Fur FUND	idraising Representati	ve, or Leadership PAC Sponsor
	Mailing Address	PO BOX 341027		
				78734
	Relationship:	CITY A	STATE A	
	Connected	d Organization Affiliated Committee X Jo	int Fundraising Represer	tative Leadership PAC Spons
Desig	nated Agent: Identify	/ by name, address (phone number - optional)		
	nated Agent: Identify	/ by name, address (phone number - optional)		
Fu		/ by name, address (phone number – optional)		
Fu	ull Name	/ by name, address (phone number - optional)		
Fu	ull Name	<pre>/ by name, address (phone number - optional) // // // // // // // // // // // // //</pre>		
Fu	ull Name			
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Fu	ull Name			
Fu Mi T 	ailing Address		Telephone Number	
Fu Ma T Banks safety	ailing Address		Telephone Number	
Fu Ma T Banks safety Name	ailing Address		Telephone Number	
Fu Ma T Banks safety Name	Address Address TITLE OR POSITION		Telephone Number	
Fu Ma T Banks safety Name	ailing Address		Telephone Number	
Fu Ma T Banks safety Name	Address Address TITLE OR POSITION		Telephone Number	

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

) or (h).	Joint Fundraisin	g Participant:		
1.			FEC ID number	C
2.			FEC ID number	С
3.			FEC ID number	C
4.			FEC ID number	C
	-	Organization, Affiliated Committee, Joint Fund	raising Representativ	e, or Leadership PAC Sponsor
W		FUND		
	Mailing Address	75 S HIGH ST		
		STE. 4		
			ОН	43017
	Relationship:		STATE A	
	Connected	d Organization	t Fundraising Represent	ative Leadership PAC Sponsor
	gnated Agent: Identify	/ by name, address (phone number - optional)		
F		/ by name, address (phone number - optional)		
F	ull Name	<pre>/ by name, address (phone number - optional) // // // // // // // // // // // // //</pre>		
F	ull Name	<pre>y by name, address (phone number - optional)</pre>		
F	ull Name			
F	ull Name			· · · · · · · · · · · · · · · · · · ·
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F M 	TITLE OR POSITION		elephone Number	
F M - - - - - - - - - - - - - - - - - -	Tull Name          Mailing Address         TITLE OR POSITION               sor Other Depositor         y deposit boxes or ma		elephone Number	
F M - - - - - - - - - - - - - - - - - -	TITLE OR POSITION	<pre></pre>	elephone Number	
F M - - - - - - - - - - - - - - - - - -	Tull Name          Mailing Address         TITLE OR POSITION            sor Other Depositor         y deposit boxes or mage of Bank,            Capital	<pre></pre>	elephone Number	
F M - - - - - - - - - - - - - - - - - -	full Name          Mailing Address         TITLE OR POSITION            is or Other Depositor         y deposit boxes or mage of Bank, sitory, etc.		elephone Number	
F M - - - - - - - - - - - - - - - - - -	full Name          Mailing Address         TITLE OR POSITION            is or Other Depositor         y deposit boxes or mage of Bank, sitory, etc.		elephone Number	

CITY

STATE **A** 

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

ZIP CODE

STATE 🔺

5(g) or (h	h). Joint Fundraisir	ig Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	С
_				
6. <b>N</b> a	ame of Any Connected	Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
	Mailing Address	PO BOX 752		
	Maining Address			
				81652
	Relationship:			
	neiationship.		STATE A	ZIP CODE 🔺
	Connecte	d Organization Affiliated Committee X Joint	Fundraising Representa	tive Leadership PAC Sponsor
8. <b>D</b> e		y by name, address (phone number – optional)		
	Full Name	<u> </u>		
	Mailing Address			
	TITLE OR POSITION		L L L L L L L L L L L L L L L L L L L	
		•	L I I I I I I I I I I I I I I I I I I I	
		•		
<b>—</b> 9. <b>B</b> a		▼ Tel	ephone Number	
		Tel	ephone Number	
sa Na	anks or Other Deposito afety deposit boxes or m ame of Bank, Classic	Tel	ephone Number	
sa Na	anks or Other Deposito afety deposit boxes or m ame of Bank, epository, etc.	Tel	ephone Number	
sa Na	anks or Other Deposito afety deposit boxes or m ame of Bank, Classic	Tel         pries: List all banks or other depositories in which t         aintains funds.         c City Bank	ephone Number	
sa Na	anks or Other Deposito afety deposit boxes or m ame of Bank, epository, etc.	Tel         pries: List all banks or other depositories in which t         aintains funds.         c City Bank	ephone Number	

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

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ted Committee, Jo	Dint Fundra	FEC ID	onumber number	C		C Spor	
ted Committee, Jo	Dint Fundra	FEC ID	0 number	C		C Spor	
ted Committee, Jo	Dint Fundra	raising Rep	resentative	, or Leade		.C Spor	
CITY ▲	X Joint					<b>.C Spor</b>	
CITY ▲	X Joint					C Spor	
ffiliated Committee	_	Fundraising					 
ffiliated Committee	_	Fundraising					
ffiliated Committee	_	Fundraising		43016			
ffiliated Committee	_	Fundraising		43016			
ffiliated Committee	_	Fundraising		43016			
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ffiliated Committee	_	Fundraising	STATE A			-	I
	_	Fundraising			ZIP CC		
phone number – o	ptional)		Representa	tive	_eadershi	D PAC S	pon
phone number - o	ptional)						
		1			1	_   _	1
	Te	elephone Nu	umber				
		1		CITY ▲       STATE ▲          Telephone Number			

STATE **A** 

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

ZIP CODE

STATE 🔺

5(g) c	or (h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	С
	3.		FEC ID number	C
	4.		FEC ID number	С
δ.	Name of Any Connected	Organization, Affiliated Committee, Joint Fund	draising Donrocontativ	o or Loodorship PAC Sponsor
J.	NUNES LEADERSHI		araising nepresentativ	e, or Leadership FAC Sponsor
	Mailing Address	P.O. BOX 6545		
				93290
	Relationship:		STATE	
	Connected	d Organization	nt Fundraising Represent	ative Leadership PAC Sponsor
3.		/ by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
				-
	TITLE OR POSITION	CITY ▲	STATE A	
			-	
		•		-   -
		•	Telephone Number	[[
).		ries: List all banks or other depositories in which	Telephone Number	
).	Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories in which	Telephone Number	
).	Banks or Other Depositor safety deposit boxes or ma Name of Bank, Depository, etc.	ries: List all banks or other depositories in which	Telephone Number	
I.	Banks or Other Depositor safety deposit boxes or ma Name of Bank, _ First Ci	ries: List all banks or other depositories in which aintains funds.	Telephone Number	
ı.	Banks or Other Depositor safety deposit boxes or ma Name of Bank, Depository, etc.	ries: List all banks or other depositories in which aintains funds.	Telephone Number	

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

r(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
Name of Any Connected	d Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Sponso
BETH VICTORY FU	ND		
Mailing Address	PO BOX 630167		
			75063
Relationship:		STATE A	
	fy by name, address (phone number – optional)		
Full Name	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			
Full Name			
Full Name		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
Full Name Mailing Address TITLE OR POSITION		elephone Number	
Full Name		elephone Number	
Full Name Mailing Address TITLE OR POSITION  Banks or Other Deposit safety deposit boxes or m Name of Bank,Comm		elephone Number	
Full Name Mailing Address TITLE OR POSITION  Banks or Other Deposit safety deposit boxes or m Name of Bank, Depository, etc.	CITY ▲ CITY ▲ CITY ▲ CITY ▲ CITY ▲	elephone Number	
Full Name Mailing Address TITLE OR POSITION  Banks or Other Deposit safety deposit boxes or m Name of Bank,Comm	CITY ▲ CITY ▲ T Ories: List all banks or other depositories in which naintains funds.	elephone Number	
Full Name Mailing Address TITLE OR POSITION  Banks or Other Deposit safety deposit boxes or m Name of Bank, Depository, etc.	CITY ▲ CITY ▲ T Ories: List all banks or other depositories in which naintains funds.	elephone Number	

CITY

STATE **A** 

1. [		Participant:						
				FEC	ID number	С		
2.				FEC	ID number	С		
3.				FEC	ID number	С		
4.				FEC	ID number	С		
	-	-	ted Committee, Joint F	undraising Re	epresentativ	e, or Leade	rship PAC S	ponsor
FIS		Υ FUND ⊥						
N	lailing Address	824 S MILLEDGE A	AVE					
		ST 101						
		ATHENS		· · · · · I	GA	30605	· · l_l	
F	Relationship:				L STATE ▲			
		Organization Af	ffiliated Committee	Joint Fundraisi			eadership PA	
Ful	Name							
Ма	iling Address							
		I						
				<u></u>			<u> </u>	
TI	TLE OR POSITION	L						
тг	TLE OR POSITION	▶		Telephone		······································		

Address	rganization, Affiliat	Image: Note of the second s	FEC	ID number ID number ID number ID number	C C C c c	ship PAC S	;ponsor
Connected C EDOM FUN	rganization, Affiliat	ed Committee, Joir	FEC	ID number ID number	C C	ship PAC S	;ponsor
Connected C EDOM FUN	rganization, Affiliat	ed Committee, Joir	FEC	ID number	С	ship PAC S	;ponsor
Connected C EDOM FUN	rganization, Affiliat	ed Committee, Joir				ship PAC S	\$ponsor
Connected C EDOM FUN	rganization, Affiliat	ed Committee, Joir		epresentative	e, or Leader:	ship PAC S	\$ponsor
Address	2470 DANIELLS BF		Image: state of the state o		e, or Leader:	ship PAC 5	Sponsor
Address	2470 DANIELLS BF	RIDGE ROAD					
	SUITE 121						
	SUITE 121						
	SUITE 121						
	ATHENS						
abia				GA	30606		
ship:		CITY 🔺		STATE 🔺		ZIP CODE	<b>A</b>
<b>.</b>	- <b>,</b> ,						1 1
	· · · · · · · ·						
01633							
						<u> </u>	
R POSITION	•			STATE A	۷.		L .
			Telephone	Number			
	gent: Identify I	gent: Identify by name, address (p	gent: Identify by name, address (phone number – opti	gent: Identify by name, address (phone number – optional)  dress  L	gent: Identify by name, address (phone number – optional)         dress	gent: Identify by name, address (phone number – optional)         dress	gent: Identify by name, address (phone number – optional)  dress  L L L L L L L L L L L L L L L L L L

5(g)	or (h). Joint Fundraising	g Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	C
	3.		FEC ID number	С
	4.		FEC ID number	C
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
	Mailing Address	824 S. MILLEDGE AVENUE		
		SUITE 101		
		ATHENS	GA	30605
	Relationship:		STATE A	
	Connected	Organization Affiliated Committee X Joint F	Fundraising Representa	tive Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
8.	Designated Agent: Identify	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			<pre></pre>
8.	Full Name Mailing Address TITLE OR POSITION		I I I I I I I I I I I I I I I I I I I	· · · · · · · · · · · · · · · · · · ·
8.	Full Name	CITY ▲ CITY ▲ Tele	ephone Number	
	Full Name Mailing Address TITLE OR POSITION		ephone Number	

Harrisburg	PA	17101 	
CITY 🔺	STATE 🔺	ZIP CODE	r

		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 Fundra	ising Representative	e, or Leadership PAC Sponsor
MU		ND		
N	Nailing Address	332 W. LEE HIGHWAY		
		#303		
		WARRENTON		20186
F	Relationship:			
		Organization Affiliated Committee X Joint F	Fundraising Represent	ative
		by name, address (phone number - optional)		
Ful	I Name			
	I Name			
Ма	iling Address			
Ма		L	L L L L L L L L L L L L L L L L L L L	· · · · · · · · · · · · · · · · · · ·

1.						FEC II	D number	С				
2.						FEC II	D number	С				
3.						FEC II	D number	С				
4.						FEC II	D number	С				
-		rganization, A	filiated Comm	ittee, Joint	Fundrais	sing Re	oresentativ	ve, or	Leade	ership	PACS	pons
Mailing A	Adress	95 WHITE BR	IDGE RD									
		SUITE 207				1 1			1 1	1 1	1 1	1 1
		NASHVILLE							37205	;		
Relations	ship:		CITY				STATE ▲	L		ZIP		
									-			
[	Connected of gent: Identify I	Drganization	Affiliated Con		-	undraisin	g Represent	tative		Leader	ship PA	.C Spo
[					-	undraisin	g Represent				ship PA	C Spo
Designated Ag	gent: Identify I				-	undraisin	g Represent	tative		Leader:	ship PA	C Spo
Designated Ag	gent: Identify I				-	undraisin	g Represent	tative		_eader:	ship PA	C Spc
Designated Ag	gent: Identify I				-	undraisin	g Represent	tative		_eader:	ship PA	C Spo
Designated Ag Full Name Mailing Ade	gent: Identify I	by name, addre		ber – option	-	undraisin	g Represent	tative			ship PA	
Designated Ag Full Name Mailing Ade	gent: Identify I	by name, addre	ss (phone num	ber – option	nal)	undraisin		tative				

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

78701

ZIP CODE

ТХ

STATE **A** 

5(g) c	or (h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	С
	3.		FEC ID number	C
	4.		FEC ID number	C
6.	-	Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
	Mailing Address	370 EAST SOUTH TEMPLE		
		SUITE 580		
		SALT LAKE CITY		84111
	Relationship:		STATE A	
		Organization Affiliated Committee X Joint		
8.			Fundraising Representa	ative Leadership PAC Sponsor
8.		by name, address (phone number – optional)		
8.	Designated Agent: Identify			Leadership PAC Sponsor
8.	Designated Agent: Identify			
8.	Designated Agent: Identify			
8.	Designated Agent: Identify Full Name Mailing Address	v by name, address (phone number – optional)		
8.	Designated Agent: Identify	by name, address (phone number – optional)		
8.	Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION	ries: List all banks or other depositories in which t	STATE	
	Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories in which t	STATE	

CITY

1

Suite 100

Austin

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

ZIP CODE

STATE **A** 

1 FEC ID number   2. FEC ID number   3. FEC ID number   4. FEC ID number   C FEC ID number   A. FEC ID number   Mailing Address 9460 TEGNER ROAD   Mailing Address 9460 TEGNER ROAD   HILMAR CA   HILMAR GA   HILMAR CA   HILMAR CA   Belationship: CITY ▲   Connected Organization Atfiliated Committee   Joint Fundraising Representative Leadership PAC Sp   Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address CITY ▲ STATE ▲ ZIP CODE ▲ TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number Telephone Number -						
2.				FEC ID num	ber C	
4.       FEC ID number         A.       FEC ID number         C       Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spons         KIM VICTORY FUND       Mailing Address         9460 TEGNER ROAD         HILMAR       CA         HILMAR       CA         HILMAR       CA         STATE ▲       ZIP CODE ▲         Connected Organization       Affiliated Committee         Mailing Address       STATE ▲         Connected Organization       Affiliated Committee         Mailing Address       CITY ▲         STATE ▲       ZIP CODE ▲         Mailing Address       CITY ▲         STATE ▲       ZIP CODE ▲         Mailing Address       CITY ▲         STATE ▲       ZIP CODE ▲				FEC ID num	ber C	
4.       FEC ID number       C         Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spons         KIM VICTORY FUND         Mailing Address       9460 TEGNER ROAD         HILMAR       CA       95324         HILMAR       CA       95324         Belationship:       CITY ▲       STATE ▲       ZIP CODE ▲         Designated Agent: Identify by name, address (phone number – optional)       Full Name       Leadership PAC Spins         Mailing Address				FEC ID num	ber C	
KIM VICTORY FUND         Mailing Address         9460 TEGNER ROAD         Mailing Address         HILMAR         HILMAR         Connected Organization         Affiliated Committee         X Joint Fundraising Representative         Leadership PAC Sp         Designated Agent: Identify by name, address (phone number – optional)         Full Name         Mailing Address         CITY ▲         STATE ▲         ZIP CODE ▲         Mailing Address         CITY ▲         STATE ▲         ZIP CODE ▲         Mailing Address         CITY ▲         STATE ▲         ZIP CODE ▲         TITLE OR POSITION ▼				FEC ID num	ber C	
KIM VICTORY FUND         Mailing Address         9460 TEGNER ROAD         Mailing Address         HILMAR         HILMAR         Connected Organization         Affiliated Committee         X Joint Fundraising Representative         Leadership PAC Sp         Designated Agent: Identify by name, address (phone number – optional)         Full Name         Mailing Address         CITY ▲         STATE ▲         ZIP CODE ▲         Mailing Address         CITY ▲         STATE ▲         ZIP CODE ▲         Mailing Address         CITY ▲         STATE ▲         ZIP CODE ▲         TITLE OR POSITION ▼						
Mailing Address 9460 TEGNER ROAD   Mailing Address 9460 TEGNER ROAD   HILMAR CA   HILMAR CA   Oranization Affiliated Committee   Connected Organization Affiliated Committee   Joint Fundraising Representative Leadership PAC Sp   Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address CITY ▲ STATE ▲ ZIP CODE ▲ ZIP CODE ▲ Designated Agent: Identify by name, address (phone number – optional) Full Name CITY ▲ STATE ▲ ZIP CODE ▲ ZIP CODE ▲ Designated Agent: Identify by name, address (phone number – optional) Full Name CITY ▲ STATE ▲ ZIP CODE ▲ CITY ▲ STATE ▲ ZIP CODE ▲ Designate Agent: Identify by name, address (phone number – optional) Full Name Address Ad	Organization, Affilia	ted Committee, Joi	nt Fundrais	sing Represen	tative, or L	eadership PAC Spons
Mailing Address     HILMAR     HILMAR     HILMAR     HILMAR     Connected Organization     Affiliated Committee     Joint Fundraising Representative     Leadership PAC Sp     Designated Agent:     Identify by name, address (phone number – optional)     Full Name     Mailing Address     CITY ▲     STATE ▲     ZIP CODE ▲     TITLE OR POSITION ▼     CITY ▲     STATE ▲     ZIP CODE ▲	)					
Mailing Address     HILMAR     HILMAR     HILMAR     HILMAR     Connected Organization     Affiliated Committee     Joint Fundraising Representative     Leadership PAC Sp     Designated Agent:     Identify by name, address (phone number – optional)     Full Name     Mailing Address     CITY ▲     STATE ▲     ZIP CODE ▲     TITLE OR POSITION ▼     CITY ▲     STATE ▲     ZIP CODE ▲						
Mailing Address     HILMAR     HILMAR     HILMAR     HILMAR     Connected Organization     Affiliated Committee     Joint Fundraising Representative     Leadership PAC Sp     Designated Agent:     Identify by name, address (phone number – optional)     Full Name     Mailing Address     CITY ▲     STATE ▲     ZIP CODE ▲     TITLE OR POSITION ▼     CITY ▲     STATE ▲     ZIP CODE ▲						
Relationship:       CITY ▲       STATE ▲       ZIP CODE ▲         Connected Organization       Affiliated Committee       ✓ Joint Fundraising Representative       Leadership PAC Sp         Designated Agent:       Identify by name, address (phone number – optional)       Full Name	9460 TEGNER RC	)AD 				
Relationship:       CITY ▲       STATE ▲       ZIP CODE ▲         Connected Organization       Affiliated Committee       ✓ Joint Fundraising Representative       Leadership PAC Sp         Designated Agent:       Identify by name, address (phone number – optional)       Full Name						
Connected Organization       Affiliated Committee       ✓ Joint Fundraising Representative       Leadership PAC Sp         Designated Agent:       Identify by name, address (phone number – optional)         Full Name	HILMAR				۹   <sup>9</sup>	95324
Designated Agent: Identify by name, address (phone number – optional)         Full Name         Mailing Address         Image: Citry ▲         STATE ▲       ZIP CODE ▲				STAT		
Full Name   Mailing Address   Image: City ▲   STATE ▲ ZIP CODE ▲			_	Indraising Repre	esentative	Leadership PAC Sp
Mailing Address	v by name, address (	phone number – op	tional)			
TITLE OR POSITION V CITY A STATE A ZIP CODE A						
THE OR POSITION ▼						
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THE OR POSITION ▼						
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Telephone Number	•			SIAIL		
			Tele	phone Number		] – [] – [
			Tele	phone Number		] – [] – [
	r <b>ies:</b> List all banks o				Dosils Iuna	s. holds accounts. rent
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rent safety deposit boxes or maintains funds.	<b>ries:</b> List all banks of iintains funds.	i other depositories			posits luna	s, holds accounts, rent
Safety deposite boxes or maintains funds. Name of Bank, Depository, etc.	aintains funds.					s, holds accounts, rent
safety deposit boxes or maintains funds. Name of Bank, Depository, etc.	aintains funds. NK					s, holds accounts, rent
safety deposit boxes or maintains funds. Name of Bank, Depository, etc.	aintains funds. NK					s, holds accounts, rent
		) 9460 TEGNER RC HILMAR HILMAR V by name, address (	9460 TEGNER ROAD 9460 TEGNER ROAD HILMAR HILMAR CITY A d Organization Affiliated Committee y by name, address (phone number – op	9460 TEGNER ROAD HILMAR HILMAR CITY A d Organization Affiliated Committee X Joint Functional by name, address (phone number – optional) CITY A	9460 TEGNER ROAD HILMAR CITY A STAT Y by name, address (phone number – optional) CITY A STAT CITY A STAT	9460 TEGNER ROAD HILMAR CITY A STATE A d Organization Affiliated Committee Joint Fundraising Representative / by name, address (phone number – optional)

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

99524

ZIP CODE

AK

STATE **A** 

5(g)	or(h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	С
	3.		FEC ID number	C
	4.		FEC ID number	С
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fund	Iraising Representativ	e, or Leadership PAC Sponsor
	Mailing Address	2870 DOBIE ROAD		
				48854
	Relationship:		STATE	
	Connected	I Organization	nt Fundraising Represent	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
	TITLE OR POSITION		STATE A	ZIP CODE
		т	Felephone Number	
9.	Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories in which intains funds.	the committee deposit	s funds, holds accounts, rents
	Name of Bank, Depository, etc.	Rim Bank		
	Mailing Address	P.O. Box 241489		

L

1 1

CITY

Anchorage

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

ZIP CODE

STATE 🔺

or (h). Joint Fundrais	ing Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
Name of Any Connecte	d Organization, Affiliated Committee, Joint Fun	draising Representativ	e, or Leadership PAC Sponsor
STAUBER VICTOR	Y FUND		
Mailing Address	332 W. LEE HIGHWAY		
	#303		
			20186
Relationship:		STATE	
		int Fundraising Represent	
	ify by name, address (phone number - optional)		
Full Name			
Mailing Address			
TITLE OR POSITIO		STATE A	ZIP CODE A
		Televiser Neverbar	_   _
		Telephone Number	
	tories: List all banks or other depositories in whic	ch the committee deposit	s funds, holds accounts, rents
Banks or Other Deposi safety deposit boxes or r		ch the committee deposit	s funds, holds accounts, rents
safety deposit boxes or r Name of Bank, Peop		the committee deposit	s funds, holds accounts, rents
Name of Bank, Peop Depository, etc.	naintains funds. Ie's United Bank	ch the committee deposit	s funds, holds accounts, rents
safety deposit boxes or r Name of Bank, Peop	naintains funds.	ch the committee deposit	s funds, holds accounts, rents
Name of Bank, Peop Depository, etc.	naintains funds. Ie's United Bank	ch the committee deposit	s funds, holds accounts, rents

or (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
-	Organization, Affiliated Committee, Joint Fundrai	sing Representativ	e, or Leadership PAC Sponsor
Mailing Address			
	SUITE 115		
	ALEXANDRIA		22314
Relationship:			
Connecto	d Organization	undraising Represent	ative
Full Name			
Mailing Address			
	1		-
TITLE OR POSITION		STATE A	
	1	phone Number	
	pries: List all banks or other depositories in which th	e committee deposit	s funds, holds accounts, rents
safety deposit boxes or m	aintains funds.		
Name of Bank, Pinnac	cle Bank		
Depository, etc.	Herein         Herein<		
Depository, etc.			37205

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

g) or (h).	Joint Fundraising	g Participant:		
1.			FEC ID number	С
2.			FEC ID number	С
3.			FEC ID number	С
4.			FEC ID number	С
Name	of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
WA	TKINS VICTORY			
		PO BOX 30844		
ľ	Mailing Address			
F	Relationship:	CITY 🔺	STATE 🔺	ZIP CODE
	Connected	Organization Affiliated Committee X Joint	Fundraising Representa	tive Leadership PAC Sponso
	II Name	by name, address (phone number – optional)		
Ma	ailing Address			
				1
T	ITLE OR POSITION			
TI	ITLE OR POSITION	•		
ті 	ITLE OR POSITION	•	STATE	
Banks	or Other Depositor	Tel	ephone Number	
Banks safety	or Other Depositor deposit boxes or ma	Tel	ephone Number	
Banks safety Name	or Other Depositor deposit boxes or ma	Tel	ephone Number	
Banks safety Name Deposi	o <b>r Other Depositor</b> deposit boxes or ma of Bank, <b>Tri Cou</b> itory, etc.	Tel	ephone Number	
Banks safety Name Deposi	or Other Depositor deposit boxes or ma of Bank, Tri Cou	Tel	ephone Number	
Banks safety Name Deposi	o <b>r Other Depositor</b> deposit boxes or ma of Bank, <b>Tri Cou</b> itory, etc.	Tel	ephone Number	

STATE 🔺

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

5(g) c	or (h). Joint Fundraisi	g Participant:						
	1.			FEC II	0 number	С		
	2.			FEC II	0 number	С		
	3.			FEC II	0 number	С		
	4.			FEC II	0 number	С		
6.	Name of Any Connected	Organization, Affiliated Committee, Join	nt Fundra	aising Re	oresentative	e, or Leade	ership PAC	Sponsor
	<u> </u>	824 S MILLEDGE AVE STE 101			· · · · · · ·			
	Mailing Address							
		ATHENS			GA	30605	- 	
	Relationship:	CITY A			STATE 🔺		ZIP CODE	≡ ▲
	Connecte	d Organization	× Joint	Fundraising	g Representa	ative	Leadership F	AC Sponsor
8.	Designated Agent: Identif	y by name, address (phone number – opt	ional)					
	Mailing Address							
	. <u>9</u>							
							· · · · · ·	
	TITLE OR POSITION							
				Iephone N				
		ries: List all banks or other depositories i		lephone N	umber			
	TITLE OR POSITION	ries: List all banks or other depositories i		lephone N	umber			
	TITLE OR POSITION	ries: List all banks or other depositories i aintains funds.		lephone N	umber			
	TITLE OR POSITION	ries: List all banks or other depositories i aintains funds.		lephone N	umber			
	TITLE OR POSITION	ries: List all banks or other depositories i aintains funds.		lephone N	umber			

STATE 🔺

ZIP CODE

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

	· · · · · · · · ·	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
Nama a	f Any Connected (	Organization, Affiliated Committe	o loint Eur	draicing Do	procontativ	o or Loodorphin BAC Sponso
	N VICTORY FUN		e, joint rui	iuraising ne	presentativo	e, of Leadership FAC Sponse
Ma	ailing Address					
		RESTON		1	VA	20190
Re	lationship:				STATE A	
Designa		Organization Affiliated Commined Affiliated Commin		oint Fundraisir	ng Representa	ative Leadership PAC Spor
Full	Name					
	Name					
Maili	ng Address					
Maili						· · · · · · · · · · · · · · · · · · ·

STATE **A** 

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

) or (h).	Joint Fundraising	g Participant:		
1.			FEC ID number	С
2.			FEC ID number	С
3.			FEC ID number	С
4.			FEC ID number	С
	-	Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
GU	JEST MAJORITY F	'UND		
		120 N CONGRES ST STE 300		
ſ	Mailing Address			
			MS	39201 
I	Relationship:	CITY 🔺	STATE 🔺	ZIP CODE
Desigr	nated Agent: Identify	by name, address (phone number - optional)		
	nated Agent: Identify	by name, address (phone number - optional)		
Fu		by name, address (phone number – optional)		
Fu	III Name	by name, address (phone number – optional)		
Fu	III Name	by name, address (phone number – optional)		
Fu Ma	III Name			
Fu Ma	III Name			
Fu Ma	III Name		I I I I I I I I I I I I I I I I I I I	· · · · · · · · · · · · · · · · · · ·
Fu Ma T	III Name		ephone Number	
Fu Ma T 	III Name		ephone Number	
Fu Ma T Banks safety Name	ailing Address		ephone Number	
Fu Ma T Banks safety Name	ailing Address		ephone Number	
Fu Ma T Banks safety Name	ailing Address	✓ CITY ▲	ephone Number	
Fu Ma T Banks safety Name	ailing Address	✓ CITY ▲	ephone Number	

STATE 🔺

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

FEC ID number   PO   SUTH CAPITOL STREET SW   ID I   PO   ASHINGTON   ID I   PO   ID I   ID I
FEC ID number C FEC ID number C C FUND 9 SOUTH CAPITOL STREET SW 107 ASHINGTON CITY ▲ STATE ▲ ZIP CODE ▲ nization Affiliated Committee X Joint Fundraising Representative Leadership PAC Sp
FEC ID number
nization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor / FUND 9 SOUTH CAPITOL STREET SW 107 ASHINGTON CITY ▲ STATE ▲ ZIP CODE ▲ nization ▲ Affiliated Committee ★ Joint Fundraising Representative ▲ Leadership PAC Sp
Y FUND 9 SOUTH CAPITOL STREET SW 407 ASHINGTON CITY ▲ STATE ▲ ZIP CODE ▲ nization ▲ Affiliated Committee ▼ Joint Fundraising Representative ▲ Leadership PAC Sp
Y FUND 9 SOUTH CAPITOL STREET SW 407 ASHINGTON CITY ▲ STATE ▲ ZIP CODE ▲ nization ▲ Affiliated Committee ▼ Joint Fundraising Representative ▲ Leadership PAC Sp
P9 SOUTH CAPITOL STREET SW 107 ASHINGTON CITY ▲ STATE ▲ ZIP CODE ▲ nization Affiliated Committee X Joint Fundraising Representative Leadership PAC Sp
ASHINGTON CITY ▲ STATE ▲ ZIP CODE ▲ nization Affiliated Committee X Joint Fundraising Representative Leadership PAC Sp
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CITY ▲     STATE ▲     ZIP CODE ▲       nization     Affiliated Committee     X Joint Fundraising Representative     Leadership PAC Sp
nization Affiliated Committee X Joint Fundraising Representative Leadership PAC Sp
ame, address (phone number - optional)
CITY A STATE A ZIP CODE A
Telephone Number

CITY

STATE **A** 

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

g) or (h).	Joint Fundraising	g Participant:		
1.			FEC ID number	С
2.			FEC ID number	C
3.			FEC ID number	C
4.			FEC ID number	С
Nomo	of Any Connected	Organization, Affiliated Committee, Joint Fundra	ising Penrosentativ	a at Londorship DAC Spansor
	TTA VICTORY FU		ising nepresentative	e, or Leadership FAC Sponsor
r	Mailing Address	9856 ARCHER LANE		
		1		
				43017
I	Relationship:	CITY A	STATE A	
	Connected	Organization Affiliated Committee X Joint	Fundraising Representa	ative Leadership PAC Sponso
Desigr	nated Agent: Identify	by name, address (phone number - optional)		
		by name, address (phone number – optional)		
Fu	II Name	by name, address (phone number - optional)		
Fu		by name, address (phone number - optional)		
Fu	II Name	by name, address (phone number - optional)		
Fu	II Name			
Fu	II Name			<ul> <li></li></ul>
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Fu	II Name		1	
Fu Ma T  Banks	II Name		ephone Number	
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Fu Ma T <b>Banks</b> safety Name	II Name		ephone Number	
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Fu Ma T <b>Banks</b> safety Name Depos	II Name		ephone Number	[[

CITY

STATE **A** 

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

5(g)	or (h). Joint Fundraisir	ng Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	С
	3.		FEC ID number	C
	4.		FEC ID number	С
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
	GONZALEZ VICTOR	-		,
	Mailing Address	9856 ARCHER LANE		
			OH	43017
	Relationship:		STATE	
	Connecte	d Organization	Fundraising Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identif	y by name, address (phone number – optional)		
8.	Designated Agent: Identif	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			
8.	Full Name		L I I I I I I I I I I I I I I I I I I I	· · · · · · · · · · · · · · · · · · ·
8.	Full Name			
	Full Name Mailing Address TITLE OR POSITION	CITY ▲ CITY ▲ Tel City List all banks or other depositories in which t	ephone Number	
	Full Name Mailing Address TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or m Name of Bank, Fifth T	CITY ▲ CITY ▲ Tel City List all banks or other depositories in which t	ephone Number	
8.	Full Name	CITY A CITY Tel cries: List all banks or other depositories in which t aintains funds.	ephone Number	
	Full Name Mailing Address TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or m Name of Bank, Fifth T	CITY ▲ CITY ▲ CITY ▲ Tel CITY ▲ CITY	ephone Number	
	Full Name	CITY ▲ CITY ▲ CITY ▲ Tel CITY ▲ CITY	ephone Number	

CITY

STATE **A** 

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

		g Partici															
1.								F	EC ID	numbe	r	С					
2.								F	EC ID	numbe	r	С					
3.								F	EC ID	numbe	r	С					
4.								F	EC ID	numbe	r	С					
	Any Connected	-	tion, Affili	ated Co	ommitte	e, Joi	nt Fun	draisin	g Repr	resenta	tive,	or Le	eader	ship	PAC	C Sp	onso
Mail	ing Address	499 S		ITOL ST	REETS	SW	1 1		1 1			I			1		I
		407															
		WASH	IINGTON							DC	1	2	0003				
										STATE				ZIP	 100		
Rela	ationship:												- E				
	Connected	_		Affiliated	Commi			nt Fund	raising	Represe	entati	ve	Le	eader		PAC	Spo
	Connected	_		Affiliated	Commi			nt Fund	raising	Represe	entati	ve	Le			PAC	Spo
Designate Full N	Connected	_		Affiliated	Commi			nt Fund	raising	Represe		ve					Spo
Designate Full N	Connected	_		Affiliated	Commi			nt Fund	raising	Represe	entati	ve				PAC	Spo
Designate Full N	Connected	_		Affiliated	Commi			nt Fund	raising	Represe	entati	ve					Spo
<b>Designate</b> Full N Mailin	Connected	/ by name		Affiliated (phone	Commi			nt Fund		Represe		ve					Spo
<b>Designate</b> Full N Mailin	Connected	/ by name		Affiliated (phone	Commi		tional)	nt Fund				ve		eader			Spo

CITY

STATE **A** 

5(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	С
2.			FEC ID number	С
з. 🗌			FEC ID number	С
4.			FEC ID number	C
	-	Organization, Affiliated Committee, Joint Fundrai	ising Representativ	e, or Leadership PAC Sponsor
М	ailing Address	1515 BURNT BOAT DR NUM 112		
				58503
R	elationship:		STATE A	
	Connected	Organization Affiliated Committee X Joint F	Fundraising Represent	ative Leadership PAC Sponsor
8. Designa	ated Agent: Identify	by name, address (phone number – optional)		
Full	Name			
Mail	ling Address			
				-
тіт	LE OR POSITION		STATE A	ZIP CODE 🔺
			ephone Number	

Name of Bank, Depository, etc.	ank		
Mailing Address	14 S Moger Avenue		
	Mt. Kisco	NY	10549
	CITY A	STATE A	ZIP CODE 🔺

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

ZIP CODE

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(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	C
2.			FEC ID number	C
3.			FEC ID number	C
4.			FEC ID number	С
Name	of Any Connected (	Drganization, Affiliated Committee, Joint Fundrai	sing Representative	e, or Leadership PAC Sponsor
JO		Y FUND		
r	Mailing Address	PO BOX 2404		
				38502
I	Relationship:		STATE 🔺	ZIP CODE
	Connected	Organization Affiliated Committee X Joint F	undraising Represent	ative Leadership PAC Sponsor
		by name, address (phone number - optional)		
	II Name			
Ma	ailing Address			
		$\lfloor \ldots \ldots$		
		1		
т	ITLE OR POSITION		STATE A	ZIP CODE
			phone Number	-   -
safety Name	deposit boxes or mai	ies: List all banks or other depositories in which th ntains funds. eank & Trust	e committee deposit	s funds, holds accounts, rents
IJANOS				
Depos	itory, etc.	121 S. 13th Street		
Depos	Mailing Address	121 S. 13th Street		
Depos	itory, etc.	121 S. 13th Street		

CITY

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

ZIP CODE

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1		J Participant:				
1.				L FE	C ID number	С
2.				FE	C ID number	С
з. 🛛				FE	C ID number	С
4. [				FE	EC ID number	С
	V VICTORY FUN		mmittee, Joint	Fundraising	Representative	e, or Leadership PAC Sponsor
М	lailing Address	824 S MILLEDGE AVE ST	E 101			
					GA I	30605
R	elationship:		 TY ▲		STATE ▲	
				< Joint Fund	aising Represent	
	ated Agent: Identify	by name, address (phone	number – optio	nal)		
Full		by name, address (phone	number – optio	nal)		
Full	Name	by name, address (phone	number – optio	nal)		
Full	Name	by name, address (phone	number – optio	nal)		
Full	Name			nal)		
Full Mai	Name		number – optio	nal)		

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

33014

ZIP CODE

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STATE **A** 

5(g)	or(h). Joint Fundraisin	g Participant:		
	1		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	С
	4.		FEC ID number	С
6.	-	Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
	Mailing Address	228 S. WASHINGTON ST.		
		STE. 115		
			VA	22314
	Relationship:	CITY 🔺	STATE 🔺	ZIP CODE
	Connector	I Organization Affiliated Committee X Joint F	Fundraising Representa	ative Leadership PAC Sponsor
0				auve Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number – optional)		
8.				
8.	Designated Agent: Identify			
8.	Designated Agent: Identify			
8.	Designated Agent: Identify			
8.	Designated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional)		
8.	Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION	by name, address (phone number – optional)		
8.	Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION	by name, address (phone number – optional)		
8.	Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION	by name, address (phone number – optional)	STATE	
	Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION	r by name, address (phone number – optional)	L	

CITY

T.

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Miami Lakes

1. 💷				FEC	ID number	С		
2.				FEC	ID number	С		
3.				FEC	ID number	С		
4.				FEC	ID number	С		
Name of An	ny Connected C	Organization, Affili	ated Committee, Joint	Fundraising R	epresentativ	e, or Lead	ership PA	C Sponso
WESTE		RY FUND						
Mailing	g Address	PO BOX 21097						
		HOT SPRINGS			AR	7190	3	_
Relatio	onship:				STATE ▲		ZIP CC	
	Connected	Organization	Affiliated Committee	× Joint Fundrais	ing Represent	ative	Leadershi	p PAC Spor
Designated	Agent: Identify	by name, address	(phone number – optio	nal)				
Designated Full Nam		by name, address	(phone number – optio	nal)				
	ne	by name, address	(phone number – optio	nal)				
Full Nam	ne	by name, address	(phone number – optio	nal)				
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Full Nam Mailing A	ne <u> </u>		(phone number – optio	nal)				_                         
Full Nam Mailing A	ne			nal)				

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

ZIP CODE

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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	С
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
	Mailing Address	824 S MILLEDGE AVE, STE 101		
	Relationship:			20605 
	Connected	d Organization 🔄 Affiliated Committee 🛛 🗙 Joint I	Fundraising Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	v by name, address (phone number - optional)		
8.	Designated Agent: Identify	v by name, address (phone number – optional)		
8.	Full Name	v 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			
8.	Full Name			
8.	Full Name		I I I I I I I I I I I I I I I I I I I	
8.	Full Name	CITY ▲ CITY ▲ Tele ries: List all banks or other depositories in which th	ephone Number	
	Full Name Mailing Address TITLE OR POSITION	CITY ▲ CITY ▲ Tele ries: List all banks or other depositories in which the state of the sta	ephone Number	
	Full Name	CITY ▲ CITY ▲ Tele ries: List all banks or other depositories in which the state of the sta	ephone Number	
	Full Name  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or ma Name of Bank,		ephone Number	

1.			FEC ID number	С
2.			FEC ID number	С
3.			FEC ID number	С
			FEC ID number	С
4.				
lame of Any Connec	ted Organization, Affiliated Con	nmittee, Joint Fundra	sing Representativ	ve, or Leadership PAC Spon
	RY FUND			
Mailing Address	499 SOUTH CAPITOL STR	EET SW		
	#405			
	WASHINGTON		DC	20003
		Υ <b>Δ</b>	STATE ▲	
Relationship:	CII			
Conn	ected Organization Affiliated C		undraising Represent	tative Leadership PAC Sp
Conn	ected Organization		undraising Represent	tative Leadership PAC Sp
Conn Designated Agent: Ide	ected Organization		undraising Represent	tative Leadership PAC Sp
Conn Designated Agent: Ide Full Name	ected Organization		Undraising Represent	tative Leadership PAC Sp
Conn Designated Agent: Ide Full Name	ected Organization		Fundraising         Represent	tative Leadership PAC Sp
Connection Connection	ected Organization Affiliated C	umber – optional)	Fundraising Represent	tative Leadership PAC Sp
Conn Designated Agent: Ide Full Name	ected Organization Affiliated C	umber – optional)		

	(h). Joint Fundraising	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	С
	3.		FEC ID number	C
	4.		FEC ID number	C
_				
N	-	Organization, Affiliated Committee, Joint Fund	raising Representativ	e, or Leadership PAC Sponsor
		RY FUND		
	<u> </u>			
	Mailing Address	1900 PRESTON ROAD		
		#267 - PMB 229		
				75093
	Relationship:			
	Connected	Organization Affiliated Committee X Joir	t Fundraising Represent	ative Leadership PAC Sponsor
	Full Name			
	Full Name			
		<u> </u>		
	Mailing Address			
		•		· · · · · · · · · · · · · · · · · · ·
Sa	Mailing Address	▼ ies: List all banks or other depositories in which	elephone Number	
sa	Mailing Address TITLE OR POSITION TITLE OR POSITION	▼ ies: List all banks or other depositories in which	elephone Number	
sa	Mailing Address TITLE OR POSITION TITLE OR POSITION Tanks or Other Depositor afety deposit boxes or ma lame of Bank,	▼ ies: List all banks or other depositories in which	elephone Number	
sa	Mailing Address TITLE OR POSITION TITLE OR POSITION Tanks or Other Depositor afety deposit boxes or ma lame of Bank, Depository, etc.	▼ ies: List all banks or other depositories in which	elephone Number	
sa	Mailing Address TITLE OR POSITION TITLE OR POSITION Tanks or Other Depositor afety deposit boxes or ma lame of Bank, Depository, etc.	▼ ies: List all banks or other depositories in which	elephone Number	

(g) or (h).	Joint Fundraising	9 Participant:				
1.				FEC	ID number	C
2.				FEC	ID number	С
3.				FEC	ID number	С
4.				FEC	ID number	С
Name	of Any Connected	Organization, Affiliate	d Committee, Joint	Fundraising R	epresentativ	e, or Leadership PAC Sponsor
DA						
I	Mailing Address	10809 GRASSY CR	EEK PL			
	Relationship:					
I	nelationship.	_	CITY A		STATE A	ZIP CODE
	nated Agent: Identify	by name, address (pl	none number – optio	nal)		
Fu	III Name	by name, address (pl		nal)		
Fu		by name, address (pl		nal)		
Fu	III Name	by name, address (pl		nal)		
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Fu Ma T  Banks	III Name	<ul> <li>↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓</li></ul>	CITY	Telephone	Number	
Fu Ma T Banks safety	ailing Address	<ul> <li>↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓</li></ul>	CITY	Telephone	Number	
Fu Ma T Banks safety Name	III Name	<ul> <li>↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓</li></ul>	CITY A	Telephone	Number	ts funds, holds accounts, rents
Fu Ma T Banks safety Name	ailing Address	<ul> <li>↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓</li></ul>	CITY A	Telephone	Number	ts funds, holds accounts, rents
Fu Ma T Banks safety Name	Ill Name	<ul> <li>↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓</li></ul>	CITY A	Telephone	Number	ts funds, holds accounts, rents
Fu Ma T Banks safety Name	Ill Name	<ul> <li>↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓</li></ul>	CITY A	Telephone	Number	ts funds, holds accounts, rents

ZENGA	PO BOX 2485	filiated Committe	<pre></pre>	FEC ID FEC ID FEC ID	number number number number <b>resentative</b>	C C C , or Leader	ship PAC S	\$ponsor
ZENGA	PO BOX 2485		<pre></pre>	FEC ID	number number	C C	ship PAC S	>ponsor
ZENGA	PO BOX 2485		2	FEC ID	number	С	ship PAC S	\$ponsor
ZENGA	PO BOX 2485		ee, Joint Fundr				•ship PAC :	\$ponsor
ZENGA	PO BOX 2485		ee, Joint Fundr	raising Rep	resentative	, or Leader	"ship PAC {	Sponsor
ZENGA	PO BOX 2485		ee, Joint Fundr	raising Rep	resentative	, or Leader	rship PAC :	Sponsor
uddress								
						1		
	SPRINGFIELD							
						22152		
ship:		CITY 🔺			STATE 🔺		ZIP CODE	
					1 1 1			
dress	<u> </u>							
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POSITION	•					۷		L .
			L Te	elephone Nu	umber		L	
	gent: Identify I	dress ↓	gent: Identify by name, address (phone numbe dress dress CITY▲ POSITION ▼ CITY▲ er Depositories: List all banks or other deposit	gent: Identify by name, address (phone number – optional) dress List all banks or other depositories in which	gent: Identify by name, address (phone number – optional)         dress	gent: Identify by name, address (phone number – optional)         dress	gent: Identify by name, address (phone number – optional)         dress	gent: Identify by name, address (phone number – optional)  dress  dress  CITY ▲  STATE ▲  ZIP CODE ▲  Telephone Number

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

1.	(g) or (h).	Joint Fundraising	Participant:		
2.	1.			FEC ID number	C
a.	2.			FEC ID number	С
**	3.			FEC ID number	C
TEAM GT         Mailing Address       PO BOX 30844         Mailing Address       PO BOX 30844         BETHESDA       MD         LOBETHESDA       MD         LOBETHESDA       LOBEA         Belationship:       CITY ▲         STATE ▲       ZIP CODE ▲         Connected Organization       Affiliated Committee         Joint Fundraising Representative       Leadership PAC Sponsor         Designated Agent: Identify by name, address (phone number – optional)       Eular         Full Name	4.			FEC ID number	С
TEAM GT         Mailing Address       PO BOX 30844         Mailing Address       PO BOX 30844         BETHESDA       MD         LOBETHESDA       MD         LOBETHESDA       MD         LOBETHESDA       LOBEA         Connected Organization       Affiliated Committee         Joint Fundraising Representative       Leadership PAC Sponsor         Designated Agent: Identify by name, address (phone number – optional)         Full Name					
Mailing Address PO BOX 30844   Mailing Address PO BOX 30844   BETHESDA MD   BETHESDA MD   CITY ▲ STATE ▲   State ▲ State ▲   CITY ▲ STATE ▲   CITY ▲ STATE ▲   State ▲ State ▲   CITY ▲ State ▲   CITY ▲ State ▲   State ▲ State ▲   State ↓ State ▲   State ↓ State ↓   State ↓ State ↓   State ↓ State ↓			Organization, Affiliated Committee, Joint Fundrai	ising Representative	e, or Leadership PAC Sponsor
Mailing Address     BETHESDA      Relationship:   CITY ▲   STATE ▲   ZIP CODE ▲   CITY ▲ STATE ▲ ZIP CODE ▲   Connected Organization   Affiliated Committee   Joint Fundraising Representative   Leadership PAC Sponsor   Designated Agent:   Identify by name, address (phone number – optional)   Full Name   Mailing Address   Hailing Address   CITY ▲ STATE ▲ ZIP CODE ▲ TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Title OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Title OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Title OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Title OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Line → Title OR Position ■ CITY ▲ State ▲ Zip Code ▲ Line → Title OR Position ■ CITY ▲ State ▲ Zip Code ▲ Line → <td></td> <td></td> <td></td> <td></td> <td></td>					
Mailing Address     BETHESDA      Relationship:   CITY ▲   STATE ▲   ZIP CODE ▲   CITY ▲ STATE ▲ ZIP CODE ▲   Connected Organization   Affiliated Committee   Joint Fundraising Representative   Leadership PAC Sponsor   Designated Agent:   Identify by name, address (phone number – optional)   Full Name   Mailing Address   Hailing Address   CITY ▲ STATE ▲ ZIP CODE ▲ TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Title OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Title OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Title OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Title OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Line → Title OR Position ■ CITY ▲ State ▲ Zip Code ▲ Line → Title OR Position ■ CITY ▲ State ▲ Zip Code ▲ Line → <td></td> <td></td> <td></td> <td></td> <td></td>					
Relationship: CITY ▲ STATE ▲ ZIP CODE ▲     Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor     Designated Agent: Identify by name, address (phone number – optional)     Full Name	M	lailing Address	PO BOX 30844		
Relationship: CITY ▲ STATE ▲ ZIP CODE ▲     Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor     Designated Agent: Identify by name, address (phone number – optional)     Full Name     Mailing Address     CITY ▲     STATE ▲     ZIP CODE ▲     TITLE OR POSITION ▼     CITY ▲     STATE ▲     ZIP CODE ▲     Mailing Address     CITY ▲     STATE ▲     ZIP CODE ▲     Mailing Address     CITY ▲     STATE ▲     ZIP CODE ▲     Mailing Address     CITY ▲     STATE ▲     ZIP CODE ▲     Mailing Address     CITY ▲     STATE ▲     ZIP CODE ▲     Mailing Address     CITY ▲     STATE ▲     ZIP CODE ▲     Mailing Address     CITY ▲     STATE ▲     ZIP CODE ▲     Mailing Address     Mailing Address     CITY ▲     State ▲     ZIP CODE ▲     Mailing Address or maintains funds.     Name of Bank, </td <td></td> <td></td> <td></td> <td></td> <td></td>					
Connected Organization       Affiliated Committee       ✓ Joint Fundraising Representative       Leadership PAC Sponsor         Designated Agent: Identify by name, address (phone number – optional)         Full Name			BETHESDA	MD	20824
Designated Agent: Identify by name, address (phone number – optional)         Full Name         Mailing Address         Image: Interview of the properties: 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.	R	elationship:		STATE A	
Full Name     Mailing Address     Mailing Address     Image: City ▲     STATE ▲   ZIP CODE ▲     Image: Title OR POSITION ▼     City ▲   STATE ▲   ZIP CODE ▲   Image: Title OR POSITION ▼     City ▲   STATE ▲   ZIP CODE ▲   Image: Title OR POSITION ▼     City ▲   STATE ▲     ZiP CODE ▲     Image: Title OR POSITION ▼     City ▲   State ▲     ZiP code ▲     Image: Title OR POSITION ▼     City ▲     State ▲   ZiP code ▲     Image: Title OR POSitories: 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.     Image: Title OR Positories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.		Connected	Organization	Fundraising Representa	ative
Mailing Address					
TITLE OR POSITION ▼       CITY ▲       STATE ▲       ZIP CODE ▲         Image: City ▲       Telephone Number       Image: City ▲       Telephone Number         Image: City ▲       Telephone Number       Image: City ▲       Telephone Number         Image: City ▲       Telephone Number       Image: City ▲       Telephone Number         Image: City ▲       Telephone Number       Image: City ▲       Image: City ▲         Image: City ▲       Telephone Number       Image: City ▲       Image: City ▲         Image: City ▲       Telephone Number       Image: City ▲       Image: City ▲         Image: City ▲       Telephone Number       Image: City ▲       Image: City ▲         Image: City ▲       Telephone Number       Image: City ▲       Image: City ▲         Image: City ▲       Telephone Number       Image: City A       Image: City A         Image: City ▲       Telephone Number       Image: City A       Image: City A         Image: City A       Telephone Number       Image: City A       Image: City A         Image: City A       Telephone Number       Image: City A       Image: City A         Image: City A       Telephone Number       Image: City A       Image: City A         Image: City A       Telephone Number       Image: City A			by name, address (phone number – optional)		
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IIILE OR POSITION ▼         IIILE OR POSITOR         IIIILE OR POSITOR         IIIILE OR POSIT	Full	Name	by name, address (phone number - optional)		
IIILE OR POSITION ▼	Full	Name	by name, address (phone number - optional)		
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.	Full	Name	by name, address (phone number - optional)		
safety deposit boxes or maintains funds. Name of Bank, Depository, etc.	Full Mai	Name			
safety deposit boxes or maintains funds. Name of Bank, Depository, etc.	Full Mai	Name			
	Full Mai	Name			
Mailing Address	Full Mai TIT	Name		ephone Number	
	Full Mai TIT Banks safety c	Name		ephone Number	
	Full Mai TIT Banks safety c Name c Deposit	Name		ephone Number	
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CITY

STATE **A** 

ZIP CODE

		Participant:											
1.					F	EC ID	number	С					
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4. 🗌					F	EC ID	number	С				_	
Name o	of Any Connected (	)rganization A	filiated Comm	ittee .loint F	undraisin	a Ren	resentativ	/e or	l eade	rshin	PAC	Snor	isor
	LER-MEEKS VICT					9 1100	looonuur	,	20000	lemp		oper	
М	lailing Address	PO BOX 183											
		HUDSON					WI	L	54016	; 			
							STATE 🔺			7IP	CODI	E 🔺	
	Connected ated Agent: Identify	Organization by name, addre	CITY Affiliated Con	nmittee X		draising	Represent	tative	<b></b>	Leader			pone
Designa	Connected ated Agent: Identify	-	Affiliated Con	nmittee X		draising		tative					pons
<b>Designa</b> Full	Connected ated Agent: Identify Name	-	Affiliated Con	nmittee X		draising							pons
<b>Designa</b> Full	Connected ated Agent: Identify	-	Affiliated Con	nmittee X		draising		tative					pons
<b>Designa</b> Full	Connected ated Agent: Identify Name	-	Affiliated Con	nmittee X		draising		tative					pons
<b>Designa</b> Full Mail	Connected ated Agent: Identify Name	by name, addre	Affiliated Con	nmittee X			Represent			_eader	ship F	PAC S	pons
<b>Designa</b> Full Mail	Connected ated Agent: Identify Name	by name, addre	Affiliated Con	nmittee X			Represent				ship F	PAC S	

	ndraising Participant				
1.			FEC	ID number	C
2.			FEC	ID number	С
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4.			FEC	ID number	С
Name of Any Cor	nected Organization	, Affiliated Committee, Join	t Fundraising Re	epresentativ	ve, or Leadership PAC Sponso
RUTHERFOR					
Mailing Addre	ess 3030 HAR	TLEY RD			
	STE 120				
			1		32257
Relationship:		CITY A		STATE	
e.ue.i.e.i.p.					
c	connected Organization	Affiliated Committee	X Joint Fundraisi	ng Represent	tative Leadership PAC Spor
c	: Identify by name, ad			ng Represent	tative Leadership PAC Spor
Designated Agent	: Identify by name, ad			ng Represent	tative Leadership PAC Spor
Designated Agent	: Identify by name, ad			ng Represent	
Coesignated Agent Full Name	: Identify by name, ad			ng Represent	Leadership PAC Spor
Designated Agent	: Identify by name, ad	ddress (phone number – optio			

1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
-	Organization, Affiliated Committee, Joint Fun	draising Representativ	ve, or Leadership PAC Sponsor
	Y FUND		
Mailing Address	PO BOX 183		
J J J J J J J J J J J J J J J J J J J			
		, , WI ,	54016
Relationship:		STATE ▲	
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	Affiliated Committee X Jo	int Fundraising Represen	tative Leadership PAC Spons
		int Fundraising Represen	tative Leadership PAC Spons
Designated Agent: Identify		int Fundraising Represen	Leadership PAC Spons
Designated Agent: Identify		int Fundraising Represen	Itative         Leadership         PAC         Spons
Designated Agent: Identify		int Fundraising Represen	Leadership PAC Spons
Designated Agent: Identify Full Name	by name, address (phone number – optional)	int Fundraising Represen	Leadership PAC Spons
Designated Agent: Identify	by name, address (phone number – optional)		

1.			ber C		
2.			ber C		
3.		FEC ID numb	ber C		
4.			ber C		
Name of Any Connecte	ed Organization, Affiliated Committee, Joint Fo	undraising Represent	tative, or Le	eadership PAC Spor	isor
Mailing Address	PO BOX 30844				
	BETHESDA			0824	
Relationship:		STAT			
	tify by name, address (phone number - optiona	Joint Fundraising Repre	sentative	Leadership PAC S	pon
			sentative	Leadership PAC S	pons
Designated Agent: Iden				Leadership PAC S	pons
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g) or (h). Joint Fundrais	ing Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
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	d Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
Mailing Address	320 1ST ST SE		
Ŭ			
	WASHINGTON		20003
Relationship:			
Connect		Fundraising Representa	
		0 1	
Full Name			
Mailing Address			
TITLE OR POSITIO	N ▼ CITY ▲	STATE 🔺	ZIP CODE
	Tel	lephone Number	
	tories: List all banks or other depositories in which t	the committee deposit	s funds, holds accounts, rents
safety deposit boxes or r	naintains funds.		
Name of Bank, Depository, etc.			
Martha and Jacob			
Mailing Address			
Mailing Address			
Mailing Address			· · · · · · · · · · · · · · · · · · ·

EC Form	1S	(Revised	02/2017)
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

ZIP CODE

STATE 🔺

(g) or (h).	Joint Fundraising	J Participant:	
1.			FEC ID number
2.			FEC ID number
3.			FEC ID number C
4.			FEC ID number
	of Any Connected ( WLER VICTORY F	-	raising Representative, or Leadership PAC Sponsor
1	Mailing Address	PO BOX 87	
		SOUTH SALEM	NY   10590
F	Relationship:	CITY ▲	STATE A ZIP CODE A
	Connected	Organization	t Fundraising Representative 🔲 Leadership PAC Spons
		by name, address (phone number - optional)	
Fu	II Name		
Ma	ailing Address		
т	ITLE OR POSITION		STATE ▲ ZIP CODE ▲
			elephone Number
	or Other Depositor deposit boxes or mai		the committee deposits funds, holds accounts, rents
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		Participant:													
1.							FEC	ID nu	nber	С			_		
2.							FEC	ID nu	nber	С					
3.							FEC	ID nu	mber	С					
4.							FEC	ID nu	mber	С					
Name of Any	Connected O	rganization,	Affiliated	I Commit	ee, Joint	Fundra	aising F	Represe	entative	e, or	Lead	lersh	ip P	AC SI	oonso
WAGNER		URI				1 1		1 1		1 1	I			I	1 1
Mailing A	ddress	PO BOX 18	3												
		HUDSON						L	WI		5401	6		- [	
								ST				ZI	P C		
Relations	nip:		_	CITY 🔺											_
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[	Connected (	-	_	ated Comn	-	_	Fundrais	sing Rep	presenta	ative					
Designated Ag	Connected (	-	_	ated Comn	-	_		ing Rep	oresent:	ative					
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Designated Ag Full Name Mailing Add	Connected C	by name, add	Iress (pho	ated Comn	-	_	Fundrais	sing Rep					dersh		
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	raising Participant:				
1.		FEC	ID number	С	
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Name of Any Conne	cted Organization, Affiliated Committee, Jo	int Fundraising Re	epresentativ	e, or Leader	ship PAC Sponso
Mailing Address	555 METRO PLACE NORTH				
<u> </u>	525				
				43017	
Relationship:			STATE A		
	CITY A	X Joint Fundraisi	STATE ▲	ative Le	eadership PAC Spor
Con	nected Organization Affiliated Committee			ative	
Designated Agent: Id	nected Organization Affiliated Committee			ative La	
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Designated Agent: In	nected Organization Affiliated Committee			ative	
Con Designated Agent: In Full Name Mailing Address	Affiliated Committee				
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(g) or (h	n). Joint Fundraising	J Participant:				
	1.		FEC	D number	С	
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	3.		FEC	D number	С	
	4.		FEC	D number	С	
	-	Organization, Affiliated Committee,	Joint Fundraising Re	epresentative	e, or Leadership	PAC Sponsor
l		FUND				
l						
	Mailing Address	P.O. BOX 4157				
		1	· · · · · · · · ·			
				WY I	82003	
	Relationship:			L STATE ▲		
		Organization Affiliated Committee	e X Joint Fundraisi			ship PAC Sponse
	Full Name					
	Mailing Address					
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	TITLE OR POSITION			STATE ▲	ZIP C	
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sa	anks or Other Depositor	▼ ies: List all banks or other depositorio		Number		
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1. 🗋				FEC	ID number	С			
2.				FEC	ID number	С			
3.				FEC	ID number	С			
4.				FEC	ID number	С			
Name o	f Any Connected C	Organization, Affili	ated Committee, Joint	t Fundraising R	epresentative	e, or Lead	lership l	PAC Spon	nsor
KEA		D							
Ma	ailing Address	PO BOX 999							
		EDISON			NJ	0881	8		
De	elationship:		CITY A		STATE 🔺		ZIP (	CODE 🔺	
				X Joint Fundrais	ing Representa	ative	Leaders	hip PAC S	pon
Designa	ted Agent: Identify		Affiliated Committee		ing Representa	ative	Leaders	hip PAC S	
<b>Designa</b> Full	ted Agent: Identify				ing Represent		Leaders	hip PAC S	
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<b>Designa</b> Full Maili	ted Agent: Identify Name	by name, address	(phone number – optic			ative			pons
<b>Designa</b> Full Maili	ted Agent: Identify	by name, address	(phone number – optic				Leaders		pons

or(h). Joint Fundraisin				
1		FEC	ID number	С
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Name of Any Connected	Organization, Affiliated Committee, Join	t Eundraiaina D	oprocontativ	o or Londorphin PAC Sponsor
Mailing Address	POST OFFICE BOX 905			
		1	MS	38802
Relationship:	CITY A	· · · · · · · · · · · · · · · · · · ·	STATE A	
Connected	Organization Affiliated Committee	× Joint Fundraisi	ng Represent	
	Organization Affiliated Committee		ng Represent	
			ng Hepresent	
Designated Agent: Identify			ng Hepresent	ative Leadership PAC Sponso
Designated Agent: Identify			ng Hepresent	
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Designated Agent: Identify	by name, address (phone number – optic		STATE ▲	
Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION	by name, address (phone number – optic			
Designated Agent: Identify         Full Name         Mailing Address         TITLE OR POSITION         Banks or Other Deposito         safety deposit boxes or mail         Name of Bank,         Depository, etc.	by name, address (phone number – optic	onal)	STATE	
Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or main Name of Bank,	by name, address (phone number – optic	onal)	STATE	
Designated Agent: Identify         Full Name         Mailing Address         TITLE OR POSITION         Banks or Other Deposito         safety deposit boxes or mail         Name of Bank,         Depository, etc.	by name, address (phone number – optic	onal)	STATE	

g) or (h).	Joint Fundraising	J Participant:		
1.			FEC ID numbe	r C
2.			FEC ID numbe	r C
3.			FEC ID numbe	r C
4.			FEC ID numbe	r C
	of Any Connected ( HNSON LEADERS	Drganization, Affiliated Committee, Joint Fundra	ising Representat	ive, or Leadership PAC Sponsor
I	Mailing Address			
		SUITE 206		
I	Relationship:			▲     ZIP CODE ▲
	Connected		Fundraising Represe	
Docia	nated Aconty Identify	by name address (phone number antional)		
_	nated Agent: Identify	by 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	III Name			
Fu	ailing Address		L I I I I I I I I I I I I I I I I I I I	
Fu Ma T Banks safety Name	III Name	CITY ▲ CITY ▲ Tel List all banks or other depositories in which the state of th	ephone Number	
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2.			J FEC I	D number	С			
3.			FEC I	D number	С			
4.			FEC	D number	С			
			_					
Name of Any Cor	nected Organization	n, Affiliated Committee, Joint F	undraising Re	presentative	e, or Lead	lership I	PAC Spo	nso
STEIL VICTO	RY FUND							
	⊥ 1818 MII	TON AVE						
Mailing Addr	ess #1448							
				WI		15 		
				STATE 🔺		ZIP (		
	onnected Organizatior		Joint Fundraisir		ative	Leaders	hip PAC S	Spor
C						Leaders		Spor
Designated Agent	Identify by name, a	Affiliated Committee				Leaders		Spor
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Designated Agent Full Name	: Identify by name, a	Affiliated Committee			ative	Leaders	hip PAC 5	\$por
Designated Agent	: Identify by name, a	Affiliated Committee		ng Representa	ative		hip PAC 5	Spon

1.		FEC	ID number	C	
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4.		FEC	ID number	C	
Name of Any Connected	Organization, Affiliated Committee	, Joint Fundraising R	epresentative	e, or Leadership PAC	C Sponsor
	DUSE 2022				
Mailing Address	PO BOX 30844				
	BETHESDA		MD	20824-0844	
Relationship:			L STATE ▲		
Connector	d Organization	ee X Joint Fundrais	na Doproconto		PAC Spons
Full Name					
Full Name					
<u> </u>					
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Mailing Address					
<u> </u>		Telephone			

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

ZIP CODE

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5(g)	or (h). Joint Fundrais	ing Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	С
	3.		FEC ID number	C
	4.		FEC ID number	С
6.	Name of Any Connecte	d Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
	Mailing Address	10 N. CADDO ST.		
		PMB #174		
				76031
	Relationship:	CITY ▲	STATE	
	Connect	ed Organization Affiliated Committee X Joint	Fundraising Representa	ative Leadership PAC Sponsor
			rundraising hepresenta	Leadership FAC Sponsor
8.		ify by name, address (phone number - optional)		
8.				
8.	Designated Agent: Ident			
8.	Designated Agent: Ident			
8.	Designated Agent: Ident			
8.	Designated Agent: Ident Full Name Mailing Address	ify by name, address (phone number – optional)		
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	Designated Agent: Ident Full Name Mailing Address TITLE OR POSITION  Banks or Other Deposit safety deposit boxes or m	ify by name, address (phone number – optional)	Iephone Number the committee deposit	
	Designated Agent: Ident Full Name Mailing Address TITLE OR POSITION  Banks or Other Deposit safety deposit boxes or m Name of Bank,	ify by name, address (phone number – optional)		

5(g) c	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.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	ising Bepresentati	ve. or Leadership PAC Sponsor
	Chris Stewart Freedor			/
	Mailing Address	610 S. BOULEVARD		
		_ TAMPA 		33606
	Relationship:	CITY 🔺	STATE A	ZIP CODE
3.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
	TITLE OR POSITION		STATE A	ZIP CODE
		Tel	ephone Number	
Э.				
	Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.	ies: List all banks or other depositories in which the intains funds.		sits funds, holds accounts, rents
-	safety deposit boxes or main Name of Bank, Depository, etc.	intains funds.		

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

ZIP CODE

5(g) o	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.	Name of Any Connected O	rganization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Sponsor
	Mailing Address	228 S. WASHINGTON STREET		
		SUITE 115		
	Relationship:		VA STATE ▲	22314 
	Connected	Organization Affiliated Committee X Joint	Fundraising Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify I	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
	TITLE OR POSITION	CITY A	STATE A	ZIP CODE
			elephone Number	
	Banks or Other Depositorie safety deposit boxes or mair	es: List all banks or other depositories in which tains funds.	the committee deposit	s funds, holds accounts, rents
	Name of Bank, Depository, etc.			
	Mailing Address			

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CITY

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(g) or (h).	Joint Fundraising	g Participant:		
1.			FEC ID number	С
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	of Any Connected (	Organization, Affiliated Committee, Joint Fundrai	sing Representativ	e, or Leadership PAC Sponsor
1	Mailing Address	1005 CONGRESS AVE STE 400		
		$\lfloor \ldots \ldots$		
ſ	Relationship:		L LTX STATE ▲	78701 
			Fundraising Represent	
Desigr	nated Agent: Identify	by name, address (phone number - optional)		
	nated Agent: Identify	by name, address (phone number - optional)		
Ful		by name, address (phone number – optional)		
Ful	II Name	by name, address (phone number - optional)		
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Ful	II Name			
Ful	ill Name		STATE	· · · · · · · · · · · · · · · · · · ·
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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5(g) o	r(h). Joint Fundraising	Participant:	
	1	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4	FEC ID number	
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC S ORY COMMITTEE	ponsor
	Mailing Address	824 S. MILLEDGE AVE	
		SUITE 101	
		ATHENS	
	Relationship:	CITY A STATE A ZIP CODE	
	Connected	Organization Affiliated Committee X Joint Fundraising Representative Leadership PAG	C Sponsor
8	Designated Agent: Identify	by name, address (phone number – optional)	
8.	Designated Agent: Identify	by name, address (phone number – optional)	
8.	Full Name	by name, address (phone number – optional)	<u> </u>
8.		by name, address (phone number – optional)	
8.	Full Name	by name, address (phone number – optional)	
8.	Full Name		
8.	Full Name		
8.	Full Name Mailing Address TITLE OR POSITION		
9.	Full Name Mailing Address TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or ma Name of Bank,	CITY ▲     STATE ▲     ZIP CODE ▲     Telephone Number   es: List all banks or other depositories in which the committee deposits funds, holds accounts, ntains funds.	
9.	Full Name          Mailing Address         TITLE OR POSITION            Banks or Other Depositor         safety deposit boxes or main         Name of Bank,         Depository, etc.	CITY ▲     Telephone Number   Es: List all banks or other depositories in which the committee deposits funds, holds accounts,	
9.	Full Name Mailing Address TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or ma Name of Bank,	CITY ▲     STATE ▲     ZIP CODE ▲     Telephone Number   es: List all banks or other depositories in which the committee deposits funds, holds accounts, ntains funds.	<pre></pre>

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1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
	Organization, Affiliated Committee, Joint Fundra	aising Representativ	e, or Leadership PAC Sponsor
	ORY FUND		
Mailing Address	228 S. WASHINGTON STREET		
	SUITE 115		
	ALEXANDRIA		22314
Relationship:			
	Organization Affiliated Committee X Joint	Fundraising Represent	ative Leadership PAC Spons
		Fundraising Represent	ative Leadership PAC Spons
Designated Agent: Identify		Fundraising Represent	ative Leadership PAC Spons
Designated Agent: Identify		Fundraising Represent	ative Leadership PAC Spons
Designated Agent: Identify		Fundraising Represent	ative Leadership PAC Spons
Designated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional)	Fundraising Represent	ative Leadership PAC Spons
Designated Agent: Identify	by name, address (phone number – optional)		

5(g) o	r(h). Joint Fundraising	g Participant:		
	1		FEC ID number	С
	2.		FEC ID number	С
	3.		FEC ID number	С
	4.		FEC ID number	С
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
		-		· · ·
	Mailing Address	P.O. BOX 26141		
				22313
	Relationship:		STATE 🔺	ZIP CODE
3.	Designated Agent: Identify	by name, address (phone number - optional)		
3.	Designated Agent: Identify	by name, address (phone number - optional)		
3.		by name, address (phone number - optional)		
3.	Full Name	by name, address (phone number - optional)		
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<b>Designated A</b> Full Name	Connected					ing Represent	ative		lership I	PAC Spor
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<b>Designated A</b> Full Name Mailing Ad	Connected	by name, addres	s (phone numbe				ative			

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

STATE 🔺

5(g)	or(h). Joint Fundraisi	ng Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	С
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
	Mailing Address	228 S. WASHINGTON STREET		
		SUITE 115		
	Relationship:			22314 
			Fundraising Represent	
	Connecte	u Organization Anniateu Committee X John I	unutaising nepresent	Leadership FAC Sponsor
8.	Designated Agent: Identif	y by name, address (phone number – optional)		
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8.	Full Name	CITY ▲ CITY ▲ Tele	ephone Number	
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	Full Name  Full Name Mailing Address  TITLE OR POSITION  Banks or Other Deposito Safety deposit boxes or m Name of Bank,	CITY A CITY Tele CITY A Tele	ephone Number	s funds, holds accounts, rents
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		Participant:							
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3.				FEC	ID number	С			
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Name of	Any Connected C	rganization, Affil	iated Committee, Joint	Fundraising Re	epresentative	e, or Lea	dership	PAC Sp	onso
GREC		RY							
	ilian Aslahan	P.O. BOX 275							
Ma	iling Address								
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		IAILORSVILLE				472			
							71P (		
		Organization	CITY A Affiliated Committee	Joint Fundraisi	STATE ▲	ative		CODE A	
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<b>Designat</b> Full N	Connected		Affiliated Committee						
<b>Designat</b> Full N Mailir	Connected	by name, address	Affiliated Committee			ative		ship PAC	
<b>Designat</b> Full N Mailir	Connected	by name, address	Affiliated Committee		ng Representa	ative	Leaders	ship PAC	

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

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ZIP CODE

5(g)	or (h). Joint Fundraising	g Participant:		
	1		FEC ID number	С
	2.		FEC ID number	С
	3.		FEC ID number	C
	4.		FEC ID number	С
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
	Mailing Address	9070 IRVINE CENTER DRIVE		
	<b>J</b>	SUITE 150		
				92618
	Relationship:	CITY ▲	STATE	
8.		Organization Affiliated Committee Joint by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC Sponsor
	Full Name			
	Mailing Address			
	TITLE OR POSITION		STATE	
			lephone Number	
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	Depository, etc.	1	<u> </u>	
	Mailing Address			

STATE 🔺

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	C
6. <b>N</b>	ame of Any Connected (	Organization, Affiliated Committee, Joint Fundra	ising Poprosontativ	a or Loadorchin BAC Sponsor
<i>.</i>				
	Mailing Address	824 S MILLEDGE AVE STE 101		
		ATHENS	GA	30605
	Relationship:		STATE A	ZIP CODE
3. De	Full Name	by name, address (phone number – optional)		
	Mailing Address			
		CITY ▲		
	TITLE OR POSITION			
			ephone Number	
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			STATE A	

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. <u></u>		PO BOX 30844						
Ма	ailing Address							
		BETHESDA			MD	2082	24	
Re	lationship:		CITY 🔺		STATE 🔺		ZIP C	ODE 🔺
		Organization	Affiliated Committee	X Joint Fundrais	sing Representa	ative	Leaders	hip PAC Spor
Designat	ted Agent: Identify		Affiliated Committee	_	sing Representa	ative	Leaders	hip PAC Spor
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

5(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	С
2.			FEC ID number	С
з. 🛛			FEC ID number	С
4. [			FEC ID number	С
6. Name o	of Any Connected O	Organization, Affiliated Committee, Joint Fundrai	ising Representative	e, or Leadership PAC Sponsor
RES				
Μ	lailing Address	824 S MILLEDGE AVE		
		SUITE 101		
		ATHENS	GA	30605
R	elationship:	CITY 🔺	STATE 🔺	ZIP CODE
	Connected	Organization Affiliated Committee X Joint F	Fundraising Representa	ative Leadership PAC Sponsor
B. Designa	ated Agent: Identify I	by name, address (phone number – optional)		
-	ated Agent: Identify I	by name, address (phone number – optional)		
Full		by name, address (phone number – optional)		
Full	Name	by name, address (phone number - optional)		
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Full Mai TIT Banks safety d Name d Deposite	Name	CITY ▲ CITY ▲ Tele es: List all banks or other depositories in which the that ins funds.	ephone Number	s funds, holds accounts, rents

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ZIP CODE

		Participant:					_				
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EC Form 1S	(Revised	02/2017)
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) or (h).	Joint Fundraising	Participant:						
1.			FEC ID	number	С			
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3.			FEC ID	number	С			
4.			FEC ID	number	С			
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F	Relationship:	CITY A	<u> </u>	STATE A		ZIP		
	Connected	Organization Affiliated Committee X Jo	int Fundraising	Represent	ative	Leader	ship PAC	Sponso
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Mai	iling Address							
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	or Other Depositori	ies: List all banks or other depositories in which	on the commit	tee deposit	s iunus,	holds aco	Journs, re	
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g) or (h).	Joint Fundraising	J Participant:			
1.			FEC	ID number	С
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Name	of Any Connected (	Organization, Affiliated Committee, Joint Fun	draising F	Representativ	e, or Leadership PAC Sponsor
		MMITTEE			
Ν	lailing Address	228 S WASHINGTON STREET			
	5	SUITE 115			
					22314
F	Relationship:			STATE	
	Connected	Organization Affiliated Committee X Joi	nt Fundrais	sing Represent	ative Leadership PAC Sponso
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TI	TLE OR POSITION			STATE A	ZIP CODE
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Banks	or Other Depositor	ies: List all banks or other depositories in whic	h the com	mittee deposi	ts funds, holds accounts, rents
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	ng Participant:							
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	Organization, Affiliated	Committee, Joint Fun	draising Repr	esentative	e, or Lead	dership	PAC Spo	onsor
Mailing Address	PO BOX 30844							
	1							1 1
	BETHESDA		1	MD	2082	24		
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Relationship:		CITY A						
Connect	ed Organization Affiliat	ed Committee X Jo	int Fundraising	Representa	tive	Leaders	ship PAC	Spon
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5.	-	Organization, Affiliated Committee, Joint F	undraising Represe	ntative, or Lea	dership PAC Sponsor
		RS WIN THE FUTURE FUND			
	Mailing Address	PO BOX 2485			
		SPRINGFIELD		VA 221	152
	Relationship:	CITY A	ST/		
3.	Designated Agent: Identify	v by name, address (phone number - optiona	l)		
	Full Name				
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	Banks or Other Depositor safety deposit boxes or ma Name of Bank, Depository, etc.	ries: List all banks or other depositories in w	Telephone Numbe	ər 🛄 —	•

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		BETHESDA							20824	1 1	-	
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g) or (h).	Joint Fundraising	Participant:		
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	-	Drganization, Affiliated Committee, Joint Fundra	ising Representativ	e, or Leadership PAC Sponsor
OB				
I	Mailing Address	PO BOX 30844		
		BETHESDA	MD	20824
I	Relationship:		STATE A	
	Connected	Organization Affiliated Committee X Joint F	Fundraising Represent	ative Leadership PAC Sponso
Desig	nated Agent: Identify	by name, address (phone number - optional)		
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)) or (h). <b>Jo</b>	oint Fundraising	g Participant:			
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4.			FEC	ID number	С
	-	Organization, Affiliated Committee, Joint Fund	raising R	epresentativ	e, or Leadership PAC Sponsor
Mailin	ng Address	PO BOX 30844			
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		BETHESDA		MD	20824
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		Organization Affiliated Committee X Join	. En destat	ing Represent	ative
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

ZIP CODE

STATE 🔺

5(g) or (h)	Joint Fundraising	Participant:		
	1		FEC ID number	C
	2.		FEC ID number	С
	3.		FEC ID number	C
	4.		FEC ID number	С
	-	organization, Affiliated Committee, Joint Fundrai	sing Representative	e, or Leadership PAC Sponsor
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L				
	Mailing Address	PO BOX 30844		
	Relationship:	BETHESDA └ └ └ └ └ └ └ └ └ └ └ └ └ └ └ └ └ └ └	MD 	20824 
	Connected	Organization Affiliated Committee X Joint F	undraising Representa	ative Leadership PAC Sponsor
		by name, address (phone number – optional)		
	<b>Full Name</b>	by name, address (phone number – optional)		
		by name, address (phone number – optional)		
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9. <b>Ba</b> r	Full Name	Image: Image	phone Number	
9. <b>Bar</b> safe Nan	Full Name Mailing Address TITLE OR POSITION	CITY A CITY Tele Es: List all banks or other depositories in which the tains funds.	phone Number	s funds, holds accounts, rents
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g) or (h).		Participant:		
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Nam	ne of Any Connected (	Drganization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
S		ND		
	Mailing Address	9070 IRVINE CENTER DRIVE #150		
			CA	92618
	Relationship:		STATE A	ZIP CODE A
	Connected	Organization Affiliated Committee X Joint	Fundraising Representa	ative Leadership PAC Sponso
Desi	ignated Agent: Identify	by name, address (phone number - optional)		
	<b>ignated Agent:</b> Identify Full Name	by name, address (phone number – optional)		
		by name, address (phone number - optional)		
	Full Name	by name, address (phone number - optional)		
	Full Name	by name, address (phone number - optional)		
	Full Name			
	Full Name		I I I I I I I I I I I I I I I I I I I	
	Full Name			
 Ban	Full Name		lephone Number	
 Ban	Full Name		lephone Number	
Ban safe Nam	Full Name		lephone Number	
Ban safe Nam	Full Name		lephone Number	
Ban safe Nam	Full Name Mailing Address TITLE OR POSITION Its or Other Depositor aty deposit boxes or maine of Bank, pository, etc		lephone Number	
Ban safe Nam	Full Name Mailing Address TITLE OR POSITION Its or Other Depositor aty deposit boxes or maine of Bank, pository, etc		lephone Number	

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

ZIP CODE

STATE 🔺

5(g)	or(h). Joint Fundraisir	ng Participant:		
	1		FEC ID number	С
	2.		FEC ID number	С
	3.		FEC ID number	C
	4.		FEC ID number	C
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundrais	ing Representative	e, or Leadership PAC Sponsor
	Mailing Address	824 S MILLEDGE AVE STE 101		
			GA	30605
	Relationship:		STATE A	
	Connecte	d Organization	Indraising Represent	ative Leadership PAC Sponsor
8.	Designated Agent: Identif	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.		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			
8.	Full Name		STATE A	
8.	Full Name	CITY ▲ CITY ▲ Telep	bhone Number	
	Full Name          Mailing Address         TITLE OR POSITION            Banks or Other Depositor         safety deposit boxes or main	CITY ▲ CITY ▲ Telep	bhone Number	
	Full Name Mailing Address TITLE OR POSITION	CITY ▲ CITY ▲ Telep	ohone Number	L = L = L = L = L = L = L = L = L = L =
	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or ma Name of Bank,	CITY ▲ CITY ▲ Telep	ohone Number	L = L = L = L = L = L = L = L = L = L =

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

or(h). Joint Fundraising	g Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
TEAM JOYCE FOR P	Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
Mailing Address	824 S MILLEDGE AVE		
	SUITE 101		
	ATHENS	GA	30605
Relationship:		STATE	
	Organization Affiliated Committee X Joint	Fundraising Represent	
Designated Agent: Identify	by name, address (phone number - optional)		
Designated Agent: Identify			
Designated Agent: Identify	by name, address (phone number – optional)		
Designated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional)		
Designated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional)		
Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION	by name, address (phone number – optional)	I I I I I I I I I I I I I I I I I I I	
Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION HIGH HIGH HIGH HIGH HIGH HIGH HIGH HIGH	by name, address (phone number – optional)		
Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or main Name of Bank,	by name, address (phone number – optional)		ZIP CODE ▲
Designated Agent: Identify         Full Name         Mailing Address         TITLE OR POSITION         Banks or Other Depositor         safety deposit boxes or ma         Name of Bank,         Depository, etc.	by name, address (phone number – optional)		

STATE **A** 

ZIP CODE

or(h). Joint Fundraisin	g Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representativ	e, or Leadership PAC Sponsor
BIG DAN RODIMER			
Mailing Address	50 S JONES BLVD STE 201		
	1		
	LAS VEGAS		89107
Relationship:		STATE ▲	
	Organization Affiliated Committee X Joint	Fundraising Represen	tative Leadership PAC Spons
Full Name			
Mailing Address	1		
TITLE OR POSITION		STATE A	
		lenhone Number	-   -
		lephone Number	
or Other Deposito	ries: List all banks or other depositories in which	the committee deposi	its funds, holds accounts, rents
safety deposit boxes or ma	intains iunus.		
Name of Bank, Depository, etc.			
Mailing Address			

1.				FI	EC ID number	С			
2.				FI	EC ID number	С			
3.				FI	EC ID number	С			
4.				 _   FI	EC ID number	С			
Name o	of Any Connected C	Drganization, Affi	liated Committee, Joir	nt Fundraising	g Representative	e, or Lead	ership F	PAC Spor	nso
HOL	ISE VICTORY FU	ND							
М	ailing Address	2318 CURTIS S	STREET						
							1 1		I
		DENVER				8020	5	1_1 .	
					L STATE ▲				
R	elationship:								
	Connected	Organization by name, address	Affiliated Committee		raising Represent	ative	Leaders	hip PAC S	Spo
Designa	Connected		Affiliated Committee		raising Represent		Leaders	hip PAC S	Spo
<b>Designa</b> Full	Connected		Affiliated Committee		raising Represent	ative	Leaders	hip PAC S	<u>Бро</u>
<b>Designa</b> Full	Connected		Affiliated Committee		raising Represent	ative	Leaders	hip PAC S	Spo
<b>Designa</b> Full	Connected		Affiliated Committee		raising Represent	ative	Leaders	hip PAC S	
<b>Designa</b> Full Mail	Connected	by name, address	Affiliated Committee		raising Represent	ative	Leaders		
<b>Designa</b> Full Mail	Connected	by name, address	Affiliated Committee	ional)		ative			

) or (h). <b>Join</b> t	t Fundraising	Participant:			
1.				FEC ID number	С
2.				FEC ID number	С
3.				FEC ID number	С
4.				FEC ID number	С
Name of Any	Connected C	organization, Affiliated Commi	ttee, Joint Fundrais	ing Representativ	ve, or Leadership PAC Sponsor
NANCY M	ACE VICTO				
Mailing A	Address	228 S. WASHINGTON ST.			
		STE. 115			
					22314
Relations	ship:	CITY /		STATE	
		by name, address (phone num	ber – optional)		
Full Name					
Mailing Ad	dress				
TITLE OF	POSITION	CITY A		STATE A	ZIP CODE
			Telep	ohone Number	
Banks or Oth safety deposit	er Depositori	es: List all banks or other depo	ositories in which the	e committee depos	its funds, holds accounts, rents
Name of Bank Depository, etc					
Mailing	Address				
Mailing	Address				
Mailing	Address				

		Participant:				
1. [				FEC ID number	C	
2.				FEC ID number	С	
3.				FEC ID number	С	
4.				FEC ID number	С	
Name	of Any Connected C	organization, Affiliated Committe	e, Joint Fundrais	sing Representative	e, or Leadership PAC Spo	nsor
VIC						1 1
N	lailing Address	824 S MILLEDGE AVE STE 101				
		ATHENS		GA	30605 	
F	elationship:	CITY 🔺		STATE 🔺	ZIP CODE	
-		by name, address (phone numbe	r – optional)			
Ful	Name					
Ма	iling Address					
Ma	iling Address					
Ma	iling Address					
	iling Address TLE OR POSITION Y					
	TLE OR POSITION Y			STATE		

		Participant:							
1.				F	EC ID number	С			_
2.				F	EC ID number	С			
3.				F	EC ID number	С			
4.				F	EC ID number	С			
			filiated Committee, Jo	oint Fundraisin	g Representativ	e, or Lead	dership F	PAC Spons	sor
Mailing Ad	dress	P.O. BOX 2811	1						I
					FL	338	06		
					L STATE ▲		ZIP C		
Relationsh	ip:		CITY 🔺						
	Connected C		CITY A Affiliated Committee ss (phone number – o	_	raising Represent	ative		hip PAC Sp	on
	Connected C		Affiliated Committee	_		ative			bons
Designated Age Full Name	ont: Identify b		Affiliated Committee	_		ative			bons
Designated Age	ont: Identify b		Affiliated Committee	_		ative			) ) ) )
Designated Age Full Name	ont: Identify b		Affiliated Committee	_		ative			
Designated Age Full Name Mailing Addr	ess	y name, addres	Affiliated Committee	_	raising Represent	ative	Leaders	hip PAC Sp	)
Designated Age Full Name Mailing Addr	Connected C Int: Identify b ess POSITION ▼	y name, addres	Affiliated Committee	ptional)		ative		hip PAC Sp	

EC Form	1S	(Revised	02/2017)
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5(g)	or(h). Joint Fundrais	ing Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.	-	d Organization, Affiliated Committee, Joint Fund	Iraising Representativ	e, or Leadership PAC Sponsor
	Mailing Address	PO BOX 9891		
		ARLINGTON		22219
	Relationship:			
	Connect	ted Organization	nt Fundraising Represent	ative Leadership PAC Sponsor
8.		ify by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
		$[ \  \  \  \  \  \  \  \  \  \  \  \  \ $		
	TITLE OR POSITIO	N ▼ CITY ▲	STATE A	ZIP CODE
			Telephone Number	
9.	safety deposit boxes or n	tories: List all banks or other depositories in which naintains funds.	the committee deposit	ts funds, holds accounts, rents
	Name of Bank, Depository, etc.			
	Mailing Address			
L		CITY 🔺	STATE A	ZIP CODE 🔺

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

ZIP CODE

STATE 🔺

5(g)	or(h). Joint Fundraisin	g Participant:		
	1		FEC ID number	С
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representativ	e, or Leadership PAC Sponsor
	<b>TEAM HILL</b>			
	Mailing Address	PO BOX 7244		
		$[ \  \  , \  \  , \  \  , \  \  , \  \  , \  \ $		
	Delationship			
	Relationship:		STATE A	ZIP CODE
	Connected	d Organization Affiliated Committee X Joint	Fundraising Represent	ative Leadership PAC Sponsor
0				
8.		v by name, address (phone number – optional)		
8.	Full Name	v by name, address (phone number – optional)		
δ.		<pre>/ by name, address (phone number - optional)</pre>		
8.	Full Name	<pre>/ by name, address (phone number - optional) // // // // // // // // // // // // //</pre>		
8.	Full Name	<pre>/ by name, address (phone number - optional) // // // // // // // // // // // // //</pre>		
8.	Full Name			· · · · · · · · · · · · · · · · · · ·
8.	Full Name		I I I I I I I I I I I I I I I I I I I	· · · · · · · · · · · · · · · · · · ·
	Full Name	CITY ▲ CITY ▲ Te	lephone Number	
	Full Name Mailing Address TITLE OR POSITION		lephone Number	s funds, holds accounts, rents
9.	Full Name          Mailing Address         TITLE OR POSITION            Banks or Other Deposito         safety deposit boxes or main		lephone Number	
	Full Name Mailing Address TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or ma Name of Bank,		the committee deposit	s funds, holds accounts, rents

		-							
1. 🕒				FEC	ID number	С			
2.				FEC	ID number	С			
3.				FEC	ID number	С			
4.				FEC	ID number	С			
Name of	Any Connected C	Organization, Af	filiated Committee, Join	t Fundraising R	epresentative	e, or Lea	dership	PAC Sp	onso
MAN	N VICTORY FUN	D							
Ма	iling Address	PO BOX 1084							
		SALINA			KS	674	02	-	
							ZIP	CODE	
Rel	lationship:			Y laint Euroduaia		- <b>t</b> i			
	Connected	Organization	Affiliated Committee	X Joint Fundrais		ative		ship PAC	
	Connected					ative			
Designat	Connected		Affiliated Committee			ative			
Designat Full N	Connected		Affiliated Committee			ative			
Designat Full N	Connected		Affiliated Committee			ative			
Designat Full N	Connected		Affiliated Committee			ative			
Designat Full N Mailir	Connected	by name, addres	Affiliated Committee			ative	Leader		
Designat Full N Mailir	Connected	by name, addres	Affiliated Committee		Ing Representa	ative	Leader	ship PAC	

1.				FEC	ID number	С			_
2.				FEC	ID number	С			1
3.				FEC	ID number	С			
4.				FEC	ID number	С			
Name of Any	Connected O	rganization, Affi	liated Committee, Join	t Fundraising F	epresentative	e, or Lea	dership I	PAC Spons	or
	R VICTORY	FUND							
Mailing	ddrooo	PO BOX 67237							
Mailing A	Address								
					KO		07		
					KS	666			
			CITY 🔺		STATE 🔺		ZIP (	CODE 🔺	
Relations	Connected		Affiliated Committee	X Joint Fundrais	ing Representa	ative	Leaders	hip PAC Spo	on
Designated A	Connected				ing Representa	ative	Leaders	hip PAC Spo	ons
<b>Designated A</b> g Full Name	Connected of gent: Identify B		Affiliated Committee		ing Representa	ative	Leaders	hip PAC Spe	ons
Designated A	Connected of gent: Identify B		Affiliated Committee		ing Representa	ative	Leaders	hip PAC Spa	
<b>Designated A</b> g Full Name	Connected of gent: Identify B		Affiliated Committee		ing Representa	ative	Leaders	hip PAC Spa	
<b>Designated A</b> g Full Name	Connected of gent: Identify B		Affiliated Committee			ative			
Designated Ag Full Name Mailing Ad	Connected of gent: Identify B	by name, address	Affiliated Committee		Ing Representa	ative	Leaders		

(g) or (h)	). Joint Fundraising	y Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	С
	3.		FEC ID number	C
	4.		FEC ID number	С
Na	me of Any Connected (	Drganization, Affiliated Committee, Joint Fundrai	sing Poprosontativ	a or Lagdership PAC Sponsor
	Claudia Tenney for Co			
L				
	Mailing Address	PO BOX 244		
			NY	13323
	Relationship:		STATE 🔺	ZIP CODE
_				
Des		by name, address (phone number - optional)		
Des	Full Name	by name, address (phone number – optional)		
Des		by name, address (phone number – optional)		
Des	Full Name	by name, address (phone number - optional)		
Des	Full Name	by name, address (phone number - optional)		
Des	Full Name			<ul> <li>↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓</li></ul>
Des	Full Name			
<b>Bai</b> safe Nar	Full Name		phone Number	ts funds, holds accounts, rents
<b>Bai</b> safe Nar	Full Name          Mailing Address         TITLE OR POSITION         Inks or Other Depositor         Tety deposit boxes or mai         me of Bank,         pository, etc.		ephone Number	ts funds, holds accounts, rents

		Participant:					
1. 🗋				FEC	ID number	С	
2.				FEC	ID number	С	
3.				FEC	ID number	С	
4.				FEC	ID number	С	
Name o	f Any Connected C	Organization, Aff	iliated Committee, Joint	Fundraising R	epresentative	e, or Leaders	hip PAC Sponso
KELI							
M	ailing Address	4031 THICKET					
		HARRISBURG			PA	17110	
Re	elationship:		CITY A		STATE 🔺		ZIP CODE 🔺
	ted Agent: Identify	by name, addres	s (phone number - optior	nal)			
Full	Name						
		1					
Mail	ing Address						
Mail	ing Address						
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	ing Address LE OR POSITION Y	L			STATE		P CODE ▲

1. 2.						
2.				FEC	ID number	С
				FEC	ID number	С
3.				FEC	ID number	С
4.				FEC	ID number	С
Name	of Any Connected (	)rganization Affiliated	Committee Joint F	Indraising R	enresentativ	e, or Leadership PAC Sponsor
	Mailing Address	22780 INDIAN CREEP	CDR.			
		SUITE 100				
						20166
	Relationship:		CITY A		STATE A	ZIP CODE
Desig	nated Agent. Identity			I)		
			ne number – optiona	1)		
Fu	ull Name		ne number – optiona	<b>I)</b>		<u></u>
Fu	ull Name		ne number – optiona	<b>I)</b>		
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Fu	ailing Address					
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	-	Participant:				
1. 💷				FEC	ID number	C
2.				FEC	ID number	С
3.				FEC	ID number	С
4.				FEC	ID number	C
. Name of A	Any Connected (	Organization Affilia	ated Committee Joint	Fundraising B	enresentativ	e, or Leadership PAC Sponso
Maili	ng Address	P.O. BOX 341027	,			
						78734
Rela	tionship:		CITY A		STATE 🔺	ZIP CODE
. Designate	a Agent: Identity	by name, address	(phone number - option	an		
		•				
Full Na						
	ame					
	<u></u>					
	<u></u>					
Mailing	<u></u>				   STATE ▲	
Mailing	Address			Telephone		
Mailing TITLE Banks or safety dep Name of E Depository	Address COR POSITION Other Depositoriosit boxes or mai Bank, etc.		CITY  CITY		Number	ts funds, holds accounts, rents
Mailing TITLE Banks or safety dep Name of E Depository	Address OR POSITION Other Depositori osit boxes or mai Bank,		CITY  CITY	Telephone	Number	ts funds, holds accounts, rents
Mailing TITLE Banks or safety dep Name of E Depository	Address COR POSITION Other Depositoriosit boxes or mai Bank, etc.		CITY  CITY	Telephone	Number	ts funds, holds accounts, rents

g) or (h).	oomen anaraising	Participant:				
1.				FEC	ID number	С
2.				FEC	ID number	С
3.				FEC	ID number	С
4.				FEC	ID number	C
	-	-	ated Committee, Joint F	Fundraising R	epresentativ	e, or Leadership PAC Sponsor
Ν	Aailing Address	5132 N PALM AV	/E			
	U U	NUM 227				
						93704
F	Relationship:				L⊥⊥ STATE ▲	
		Organization		Joint Fundrais		
Design	ated Agent: Identify	by name, address	(phone number – optiona	al)		
	ated Agent: Identify	by name, address	(phone number – optiona	al)		
Ful		by name, address	(phone number - optiona	al)		
Ful	I Name	by name, address	(phone number - optiona	al) 		
Ful	I Name	by name, address	(phone number - optiona	al)               		
Ful Ma	I Name		(phone number – optiona	al)		
Ful Ma	I Name			al)		· · · · · · · · · · · · · · · · · · ·
Ful Ma	I Name					
Ful Ma TI 	I Name			Telephone	Number	
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1.			FEC	D number	С			
2.			FEC	D number	С			
3.			FEC	D number	С			
4.			FEC	D number	С			
lame of Any Connect	ed Organization, Affiliate	d Committee, Joint	Fundraising Re	presentative	e, or Lea	dership	PAC Spo	onso
LONG TEAM								I
Mailing Address	P.O. BOX 3864							
	SPRINGFIELD			MO	658	08	-	
						7IP (		
			Joint Fundraisir al)	STATE ▲	ative		CODE 🔺	
Conne	cted Organization	liated Committee			ative			
Conne Designated Agent: Iden	cted Organization	liated Committee			ative			
Conne Designated Agent: Ider Full Name	cted Organization	liated Committee			ative			
Conne Designated Agent: Ider Full Name	cted Organization	liated Committee			ative			
Conne Designated Agent: Idea Full Name	eted Organization	liated Committee			ative	Leaders		
Conne Designated Agent: Ider Full Name	eted Organization			ng Representa	ative	Leaders	ship PAC	

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

g)or(h). Joint F	undraising	Participant:											
1.						FE	C ID nu	mber	С				
2.						FE	C ID nu	mber	С				
3.						FE	C ID nu	mber	С				
4.						FE	C ID nu	mber	С				
Name of Any Co		-	Affiliated Co	mmittee, Jo	oint Fun	draising	Repres	entative	e, or Le	aders	hip P	AC SI	oonso
Mailing Add	dress	824 S. MILLE		JE 									
		SUITE 101											
								GA	30	0605		- [	
Relationship	p:		CI	TY 🔺			ST	ATE 🔺		Z	ZIP C	ODE .	
Designated Ager	nt: Identify k	by name, addr	ess (phone	number – o	otional)								
l								1 1		1 1	I	1 1	1 1
Mailing Addre	255	<u></u>											<u>   </u>
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Mailing Addre	288											 	
Mailing Addre				· · · · · ·							P CO	   _   DE ▲	
-				· · · · · · ·		         	STAT	1			P CO	   -   DE ▲   -	
TITLE OR P	POSITION ▼	es: List all ban					ne Numb	er 📃	s funds.	-		-[	
TITLE OR P	POSITION ▼	es: List all ban	ks or other		in whic	h the co	ne Numb	er		_ [		- [	
TITLE OR P Banks or Other safety deposit bo	POSITION ▼ Depositorie txes or main	es: List all ban	ks or other	depositories	in whic	h the co	me Numb	er	1 1 1	- [		- [	
TITLE OR P <b>Banks or Other</b> safety deposit boom Name of Bank, Depository, etc.	POSITION ▼ Depositorie txes or main	es: List all ban	ks or other	depositories	in whic	h the co	ne Numb	er		- [		- [	

CITY

STATE **A** 

ZIP CODE

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		
Name	of Any Connected C	Drganization, Affilia	ated Committee, Joint	Fundraising R	epresentativo	e, or Leade	rship PAC S	ponsor
MA	JORITY RISING							
Ν	Address	P.O. BOX 30844						
		BETHESDA		1		20824		
F	Relationship:		CITY A		STATE A		ZIP CODE	
Design	ated Agent: Identify	by name, address	(phone number – optic	nal)				
Ful	I Name							
	iling Address							
							· · · · ·	
Ma	iling Address							
Ma				Telephone				
Ma TI Banks safety o Name o	iling Address	es: List all banks o	CITY A		Number			
Ma TI Banks safety o Name o Deposit	iling Address	es: List all banks o			Number			
Ma TI Banks safety o Name o Deposit	iling Address	es: List all banks o			Number			
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			FEC I	D number	С		
			FEC I	D number	С		
			FEC I	D number	С		
			 _	D number	С		
Any Connected C	Drganization, Affili	ated Committee, Joint	Fundraising Re	presentative	e, or Leader	ship PAC Sp	onso
MURPHY							
ing Address	PO BOX 97275						
	RALEIGH		1		27624		I
tionship:		CITY A					
Connected	Organization	Affiliated Committee	Laint Fundraiair	a Donrocont		adarahin DAC	Coor
ame							
g Address							
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E OR POSITION Y	<pre></pre>		Telephone				
	Any Connected C MURPHY ing Address tionship: Connected d Agent: Identify ame	Any Connected Organization, Affilia MURPHY ing Address PO BOX 97275 PO BOX 97275 RALEIGH itionship: Connected Organization	MURPHY  MURPHY  PO BOX 97275  RALEIGH  RALEIGH  Connected Organization Affiliated Committee  d Agent: Identify by name, address (phone number – optio	FEC I  Any Connected Organization, Affiliated Committee, Joint Fundraising Re MURPHY  PO BOX 97275  ing Address PO BOX 97275  RALEIGH RALEIGH Connected Organization Affiliated Committee Solution Soluti	Any Connected Organization, Affiliated Committee, Joint Fundraising Representative   MURPHY   ing Address   PO BOX 97275   ing Address   PO BOX 97275   Image: Clarge   Connected Organization   Affiliated Committee   Joint Fundraising Representative   MURPHY	Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leader MURPHY	Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sp   MURPHY   ing Address   PO BOX 97275   Image: And the second

g) or (h).	Joint Fundraising	Participant:					
	1.			FEC IE	) number	С	
2	2.			FEC IE	) number	С	
(	3.			FEC IE	) number	С	
2	4.			FEC IE	) number	С	
Nan	ne of Any Connected 0	Organization, Affiliated	Committee, Joint Fun	draising Rep	oresentative	e, or Leaders	hip PAC Sponso
Ľ		UND					
	Mailing Address	824 S. MILLEDGE AVE	E _				
		SUITE 101					
		ATHENS			GA	30605	
	Relationship:				STATE		
	Connected	Organization Affiliat	ted Committee X Jo	oint Fundraising	n Represent:		adership PAC Spo
	Full Name						
	Mailing Address	1					
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		•					P CODE ▲
				Telephone N			− [ P CODE ▲
safe Nam	TITLE OR POSITION	es: List all banks or oth		Telephone N	umber		
safe Narr	the of Bank, nository, etc.	Ies: List all banks or oth         Intains funds.         Image: List all banks or oth         Image: List all		Telephone N	umber	s funds, holds	

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

5(g) c	or (h). Joint Fundraising	Participant:							
	1.				FEC ID n	umber	С		
	2.				FEC ID n	umber	С		
	3.				FEC ID n	umber	С		
	4.				FEC ID r	umber	С		
6.	Name of Any Connected O	rganization, Affiliat	ed Committee, Joi	int Fundraisi	ing Repre	sentative	, or Leader	ship PAC	Sponsor
	Mailing Address	824 S. MILLEDGE	AVE						
		SUITE 101							
						GA	30605		
	Relationship:		CITY 🔺		S			ZIP CODE	Ξ 🔺
	Connected (	Organization Af	filiated Committee	X Joint Fur	ndraising F	epresenta	tive L	eadership P	AC Sponsor
8.	Designated Agent: Identify b	by name, address (p	ohone number – op	itional)					
	Full Name								
	Mailing Address								
		· · · · · · · · · · · · · · · · · · ·							
	Mailing Address				ST				
9.	Mailing Address	es: List all banks or			hone Num	ber			
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2.						FEC ID	number	С				
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4.						FEC ID	number	С				
Name of Any	Connected O	rganization, A	filiated Co	nmittee, Joi	nt Fundrai	ising Repre	esentative	e, or L	eadersl	nip PA	C Spo	nsor
		JRE										
		PO BOX 2814	1									
Mailing	Address		• 									
		SEWARD					AK	9	9664		-	
							STATE 🔺		7	IP CC		
Relation	Connected	Organization	Affiliated	ΓΥ ▲ Committee	_	undraising I		ative	-		PAC :	Spons
Designated A	Gonnected of gent: Identify I	-	Affiliated	Committee	_			ative	-			Spons
Designated A Full Name	Gonnected of gent: Identify I	-	Affiliated	Committee	_				-			Spons
Designated A	Gonnected of gent: Identify I	-	Affiliated	Committee	_			ative	-			Spons
Designated A Full Name	Gonnected of gent: Identify I	-	Affiliated	Committee	_			ative	-			Spons
Designated A Full Name	Gonnected of gent: Identify I	-	Affiliated	Committee	_			ative	Lea	dership	• PAC :	Spons
<b>Designated A</b> Full Name Mailing Ad	Gonnected of gent: Identify I	by name, addre	Affiliated	Committee	_				Lea		• PAC :	Spons

KUST Mail Rela . Designate Full N	Any Connected O OFF VICTORY F Ing Address ationship: Connected O	UND	BRENNER DR				number number number		0 ZIP C	AC Sponsor
3 4 5. Name of KUST  Mail Rela	OFF VICTORY F	UND	BRENNER DR			FEC ID FEC ID	number number esentative	C	0 ZIP C	
4 5. Name of KUST  Mail Rela 3. Designate Full N	OFF VICTORY F	UND	BRENNER DR			FEC ID	number esentative	C	0 ZIP C	
Name of KUST KUST Mail Rela	OFF VICTORY F	UND	BRENNER DR			ing Repr	esentative	e, or Lead	0 ZIP C	
KUST Mail Mail	OFF VICTORY F	UND	BRENNER DR				     		0 ZIP C	
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. <b>Designate</b> Full N	ationship: Connected ( ed Agent: Identify b	SUITE 300 MEMPHIS	CITY Affiliated Con		Joint Fu		L STATE ▲		ZIP C	
Rela . <b>Designate</b> Full N	ationship: Connected ( ed Agent: Identify b	SUITE 300 MEMPHIS	CITY Affiliated Con		Joint Fu		L STATE ▲		ZIP C	
. <b>Designate</b> Full N	Connected of Agent: Identify b	MEMPHIS MEMPHIS	Affiliated Con		Joint Fu		L STATE ▲		ZIP C	
. <b>Designate</b> Full N	Connected of Agent: Identify b	Organization	Affiliated Con		Joint Fu		L STATE ▲		ZIP C	
. <b>Designate</b> Full N	Connected of Agent: Identify b		Affiliated Con		Joint Fu			tive		
Full N	ed Agent: Identify b		_	nmittee 🗙	Joint Fu	ndraising	Representa	tive	Leadersh	ip PAC Spon
Full N	ed Agent: Identify b		_			<b>J</b>	-			P P -
Mailin	lame									
	g Address									
										-
TITL	E OR POSITION	,	CITY 🔺			S			ZIP CO	DE 🔺
					Telep	hone Nur	mber			-
safety dep Name of I Depository	y, etc.		s or other dep	ositories in v	which the	committe	e deposits	s funds, ha	olds acco	unts, rents
Ма	ailing Address									

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5(g)	or(h). Joint Fundraising	Participant:						
	1.			FEC	D number	С		
	2.			FEC	D number	С		
	3.			FEC	D number	С		
	4.			FEC	D number	С		
6.	Name of Any Connected	Organization, Affiliated	Committee, Joint	Fundraising	Representativo	e, or Leader	ship PAC Spon	nsor
	MALLIOTAKIS VICTO	RY COMMITTEE						
	Mailing Address	PO BOX 68						
		SOUTH SALEM			NY	10590		
	Relationship:		CITY A		STATE A		ZIP CODE	
	Connected	Organization Affilia	ated Committee	≺ Joint Fundrai	sing Representa	ative	eadership PAC S	ponsor
8.	Designated Agent: Identify	by name, address (pho	one number – optio	nal)				
	Full Name							
	Mailing Address							
		1						
	TITLE OR POSITION	_			STATE	Ž		
	1		1	Talaahaa	Number			1
				Telephone	e Number			
9.	Banks or Other Depositor	inc. List all banks or at	har danasitarias in	which the con	mittaa dabaait	a funda hak	de accounte ron	to
9.	safety deposit boxes or mai			which the con		5 101105, 11010	is accounts, ren	115
	Name of Bank,							I
	Depository, etc.							
	Mailing Address							
L			CITY 🔺		STATE A	Z		

1. 🗔				FEC	ID number	С			
2.				FEC	ID number	С			
3.				FEC	ID number	С			
4.				FEC	ID number	С			
Name of	Any Connected C	Organization, Affil	liated Committee, Joint	Fundraising R	epresentativ	e, or Lea	dership	PAC S	ponso
WIN T									
N4-:1		PO BOX 2485							
Mai	ling Address								
							<u> </u>		
		SPRINGFIELD				221			
5.									
		Organization	CITY A Affiliated Committee	Joint Fundrais	STATE A	ative		CODE rship PA	
	Connected		Affiliated Committee			ative			
<b>Designate</b> Full N	Connected		Affiliated Committee			ative			
Designate Full N	Connected		Affiliated Committee			ative			
<b>Designate</b> Full N	Connected		Affiliated Committee			ative			
<b>Designate</b> Full N Mailin	Connected	by name, address	Affiliated Committee			ative	Leader		C Spon
<b>Designate</b> Full N Mailin	Connected	by name, address	Affiliated Committee		ng Represent	ative	Leader	rship PA	C Spon

		Participant:		
1. 🗌			FEC ID number	С
2.			FEC ID number	С
з.			FEC ID number	С
4.			FEC ID number	С
Name o	of Any Connected C	Organization, Affiliated Committee, Joint Fundr	aising Representativ	e, or Leadership PAC Sponsor
WES				
М	ailing Address	PO BOX 341027		
D	elationship:			
110	elationship.		Fundraising Represent	ZIP CODE 🔺
Designa	ated Agent: Identify	by name, address (phone number – optional)		
-	ated Agent: Identify	by name, address (phone number – optional)		
Full		by name, address (phone number – optional)		
Full	Name	by name, address (phone number - optional)		
Full	Name	by name, address (phone number - optional)		
Full Mail	Name			<pre></pre>
Full Mail	Name		STATE ▲	· · · · · · · · · · · · · · · · · · ·

5(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	С
2.			FEC ID number	С
3.			FEC ID number	C
4.			FEC ID number	C
		Drganization, Affiliated Committee, Joint Fundra	aising Representativ	e, or Leadership PAC Sponsor
		FUND		
	Mailing Address	824 S MILLEDGE AVENUE		
		SUITE 101		
			GA	30605
	Relationship:	CITY A	STATE	ZIP CODE 🔺
	Connected	Organization Affiliated Committee X Joint	Fundraising Represent	ative Leadership PAC Sponsor
Fi	ull Name			
Μ	ailing Address			
		1		-
٦	TITLE OR POSITION		STATE A	
L		1	lephone Number	
	s or Other Depositori	ies: List all banks or other depositories in which t	he committee deposi	ts funds, holds accounts, rents
		indins funus.		
	e of Bank, sitory, etc.			
	Mailing Address			
		CITY A	STATE A	ZIP CODE

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

1.	-	Participant:												
						J	FEC	ID numb	er C	)				
2.						J	FEC	ID numb	er 🕻					
3.							FEC	ID numb	er (					
4.							FEC	ID numb	er (					
	Any Connected O	-	iliated Co	mmittee, J	oint Fu	ndrai	sing R	epresenta	ative, o	or Lead	dership	D PAC	Spc	onsor
HIGG														
		L 228 S WASHIN	GTON STR	EET										
Mai	iling Address	UITE 115												
										223	14			
Rela	ationship:		CI	TY 🔺				STATE			ZIF	COE	DE 🔺	
Designate	ed Agent: Identify I	by name, addres	s (phone r	number – (	optional	)								
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Full N	Jame													
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Mailin	ng Address					, 								
Mailin										· · ·				
Mailin	ng Address							STATE A						
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CITY

STATE **A** 

ZIP CODE

1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
Name of Any Connected (	Organization, Affiliated Committee, Joint Fundra	aising Representativ	e, or Leadership PAC Sponsor
Mailing Address	824 S MILLEDGE AVE		
	SUITE 101		
	ATHENS	GA	30605
Relationship:			
			_
	Organization Affiliated Committee Joint by name, address (phone number – optional)	Fundraising Represent	tative Leadership PAC Spons
		Fundraising Represent	Leadership PAC Spons
Designated Agent: Identify		Fundraising Represent	Leadership PAC Spons
Designated Agent: Identify		Fundraising Represent	Leadership PAC Spons
Designated Agent: Identify		Fundraising Represent	Leadership PAC Spons
Designated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional)	Fundraising Represent	Leadership PAC Spons
Designated Agent: Identify	by name, address (phone number – optional)		

(g) or (h).	Joint Fundraisir	ng Participant:		
-	1		FEC ID number	r C
2	2.		FEC ID number	C
3	3. 🔄 🖂 🖂		FEC ID number	C
2	4. 🔄 🖂 🖂 🖂		FEC ID number	C
	-	Organization, Affiliated Committee, Joint SHIP TRUST PARTNERSHIP	Fundraising Representat	ive, or Leadership PAC Sponsor
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L				
	Mailing Address	PO BOX 341027		
				78734
	Relationship:	CITY A	STATE	
	Connecte	d Organization	<ul> <li>Joint Fundraising Represe</li> </ul>	ntative Leadership PAC Sponso
	Full Name			
	Mailing Address	1		
				-
	TITLE OR POSITION		STATE A	
l	I	· 	Telephone Number	
	ks or Other Depositor ty deposit boxes or ma	<b>ries:</b> List all banks or other depositories in aintains funds.	which the committee depo	sits funds, holds accounts, rents
	ne of Bank, ository, etc.			
Бер		1		
	Mailing Address			
		CITY 🔺	SIALE 🔺	

5(g) c	or (h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representativ	e. or Leadership PAC Sponsor
		-		
	Mailing Address	P.O. BOX 628		
			MI	48080
	Relationship:		STATE 🔺	ZIP CODE
8.	Designated Agent: Identify	y by name, address (phone number – optional)		
	Mailing Address			
	Maining Address			
			STATE ▲	
			elephone Number	
	Banks or Other Deposito safety deposit boxes or ma Name of Bank, Depository, etc.	ries: List all banks or other depositories in which aintains funds.	the committee deposit	ts funds, holds accounts, rents

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3.		FEC ID	number	С			
4.		FEC ID	number	С			
		,					
Name of Any Connect	ed Organization, Affiliated Committee, Joint Fu	ndraising Repr	esentative	e, or Lea	adership	PAC S	ponso
DUARTE VICTOR	Y FUND				1 1 1	1 1	
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Mailing Address	9460 TEGNER ROAD						
		1		953	324	-	
			STATE A		ZIP	CODE	
Relationship:	CITY 🔺						
Conne		oint Fundraising	Representa	ative	Leade	rship PA	C Spor
Conne	cted Organization Affiliated Committee X J	oint Fundraising	Representa	ative	Leade		C Spor
Conner Designated Agent: Ider	cted Organization Affiliated Committee X J	oint Fundraising	Representa	ative	Leade		C Spor
Designated Agent: Ider	cted Organization Affiliated Committee X J	oint Fundraising	Representa	tive	Leade		C Spor
Designated Agent: Ider	cted Organization Affiliated Committee X J	oint Fundraising	Representa	tive	Leade		C Spor
Conner Designated Agent: Iden Full Name	Cted Organization Affiliated Committee	oint Fundraising	Representa	tive			C Spon
Designated Agent: Ider	Cted Organization Affiliated Committee	oint Fundraising		tive		rship PA	C Spon

1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
Name of Any Connected C	rganization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
	ND		
Mailing Address	228 S. WASHINGTON ST.		
0	STE. 115		
			22314
Relationship:			
Connected	Organization Affiliated Committee X Joint	Fundraising Represent	ative Leadership PAC Spons
Connected		Fundraising Represent	ative Leadership PAC Spons
Connected Oesignated Agent: Identify		Fundraising Represent:	ative Leadership PAC Spons
Connected Cesignated Agent: Identify Full Name		Fundraising Represent:	ative Leadership PAC Spons
Connected Cesignated Agent: Identify Full Name		Fundraising Represent	ative Leadership PAC Spons
Connected Cesignated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional)	Fundraising Represent	ative Leadership PAC Spons
Connected Cesignated Agent: Identify Full Name	by name, address (phone number – optional)		

g) or (h).	Joint Fundraising	Participant:					
1.				FE	C ID number	С	
2.				FE0	C ID number	С	
3.				FE0	C ID number	С	
4.				FE	C ID number	С	
	-	-		t Fundraising	Representativ	e, or Leadership PAC S	Sponsor
BA							
	Mailing Address	PO BOX 15221					
		LANSING				48901	
	Relationship:				J L STATE ▲		
		Organization	Affiliated Committee	× Joint Fundra		ative Leadership PA	0.0
Fi	ull Name						
	ull Name						
		<u> </u>					
Μ	failing Address						
Μ		· · · · · · · ·		Telephon	STATE A		
Μ	failing Address			L	1		
M J Banka	TITLE OR POSITION	es: List all banks	<u> </u>		e Number	L	
M J Banka	TITLE OR POSITION	es: List all banks	<u> </u>		e Number		
M Banka safety Name	TITLE OR POSITION	es: List all banks	or other depositories in		e Number	ts funds, holds accounts	
M Banka safety Name	Aailing Address	es: List all banks	or other depositories in	n which the cor	e Number	ts funds, holds accounts	
M Banka safety Name	Aailing Address	es: List all banks	or other depositories in	n which the cor	e Number	ts funds, holds accounts	
M Banka safety Name	Aailing Address	es: List all banks	or other depositories in	n which the cor	e Number	ts funds, holds accounts	

or(h). Joint Fundraisin	g 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 Representativ	ve, or Leadership PAC Sponsor
Mailing Address	50 S JONES BLVD STE 201		
Maining / Marooo			
		NV _	89107
Relationship:			
		Fundraising Represen	
Full Name			
Mailing Address			
Mailing Address			
Mailing Address			
Mailing Address TITLE OR POSITION	CITY A		
	•	STATE ▲	
	•		
TITLE OR POSITION	ries: List all banks or other depositories in which	elephone Number	
	ries: List all banks or other depositories in which	elephone Number	
TITLE OR POSITION	ries: List all banks or other depositories in which	elephone Number	its funds, holds accounts, rents
TITLE OR POSITION	ries: List all banks or other depositories in which aintains funds.	elephone Number	its funds, holds accounts, rents
TITLE OR POSITION	ries: List all banks or other depositories in which aintains funds.	elephone Number	its funds, holds accounts, rents
TITLE OR POSITION	ries: List all banks or other depositories in which aintains funds.	elephone Number	its funds, holds accounts, rents

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5(g)	or(h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	С
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
				<u> </u>
	Mailing Address	PO BOX 30844		
		BETHESDA	MD	20824
	Relationship:	CITY 🔺	STATE 🔺	ZIP CODE
	Connected	d Organization	Fundraising Represent	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	y by name, address (phone number - optional)		
	Mailing Address			
	TITLE OR POSITION		STATE A	ZIP CODE
		Tel	lephone Number	
9.	safety deposit boxes or ma	ries: List all banks or other depositories in which t aintains funds.	the committee deposit	ts funds, holds accounts, rents
	Name of Bank, Depository, etc.			
	Mailing Address			
			STATE ▲	

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

5(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	С
2.			FEC ID number	C
3.			FEC ID number	С
4.			FEC ID number	C
	of Any Connected O	rganization, Affiliated Committee, Joint Fundra	ising Representativ	e, or Leadership PAC Sponsor
	Mailing Address	824 S MILLEDGE AVE.		
		STE 101		
		ATHENS	GA	30605
	Relationship:		STATE A	
	nated Agent: Identify I	Organization Affiliated Committee X Joint	Fundraising Represent	ative Leadership PAC Sponsor
Fu	III Name			
Ma	ailing Address			
-		CITY ▲	STATE A	
	TILE OR POSITION			_   _
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safety	deposit boxes or main	es: List all banks or other depositories in which t nains funds.	he committee deposit	s funds, holds accounts, rents
	of Bank, hitory, etc.			
	Mailing Address			

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ZIP CODE

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

) or (h).	Joint Fundraising	Participant:								
1.					FEC II	0 number	С			
2.					FEC II	) number	С			
3.					FEC II	) number	С			
4.					FEC II	) number	С			
Name	of Any Connected C	Organization, Affili	ated Committee,	Joint Fund	raising Rep	presentativ	e, or Lead	ership F	PAC Sp	onsor
KIRI										
N	lailing Address	824 S MILLEDGE								
		ATHENS				GA	3060	5	-	
R	elationship:		CITY 🔺			STATE A	· · · · · ·	ZIP C		
	Connected	Organization	Affiliated Committee	e X Joint	E Fundraising	g Representa	ative	Leadersh	nip PAC	Spons
-	ated Agent: Identify	by name, address	(phone number –	optional)						
-	ated Agent: Identify	by name, address	(phone number -	optional)						
Full		by name, address	(phone number -	optional)						
Full	Name	by name, address	(phone number -	optional)						
Full	Name	by name, address	(phone number -	optional)						
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Full	Name							   ZIP CO		
Full Mai	Name				elephone N	umber			] – [	rents
Full Mai TIT Banks safety c Name c	Name				elephone N	umber		olds acco		
Full Mai TIT Banks safety c Name c Deposit	Name				elephone N	umber		olds acco		
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STATE **A** 

ZIP CODE

5(g) or (ł	h). Joint Fundraising	Participant:		
	1		FEC ID number	С
	2.		FEC ID number	С
	3.		FEC ID number	C
	4.		FEC ID number	C
6. <b>N</b> a	ame of Any Connected (	Drganization, Affiliated Committee, Joint Fundrai	sing Ronrosontativo	or Leadership BAC Sponsor
0. 14				
	Mailing Address	PO BOX 183		
			WI	54016
	Relationship:	CITY 🔺	STATE 🔺	ZIP CODE
8. <b>D</b> e		by name, address (phone number – optional)		
	Full Name	<u></u>		
	Mailing Address			
	TITLE OR POSITION		STATE 🔺	ZIP CODE
		Tele	ephone Number	
sa Na	anks or Other Depositori Ifety deposit boxes or main ame of Bank, epository, etc.	ies: List all banks or other depositories in which the ntains funds.	e committee deposits	funds, holds accounts, rents

		Participant:									
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3.					FEC	ID number	С				
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Name of A	Any Connected O	rganization, Af	filiated Committ	ee, Joint Fu	ndraising R	epresentativ	e, or L	.eaders	hip P/	AC Spo	onso
RUDY		<b>)</b>									I
		PO BOX 2614	1								
Maili	ng Address										
		ALEXANDRIA						22313		-	
						STATE 🔺		-			
	tionship: Connected of d Agent: Identify I	Organization	CITY A Affiliated Comm ss (phone number			ing Represent	ative	- T		DDE 🔺	Spor
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Designate Full Na Mailing	Connected of Agent: Identify I	by name, addre	Affiliated Comm				ative			p PAC	Spon
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5(g) or (h)	). Joint Fundraising	g Participant:			
	1.		FEC	ID number	С
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	3.		FEC	ID number	C
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6. <b>Na</b> r	me of Any Connected	Drganization, Affiliated Committee, Joint Fu	Indraising F	Representativ	e or Leadershin PAC Sponsor
	JEREMY SHAFFER V		indiationing i	ioprocontant.	
L					
	Mailing Address	PO BOX 391			
				PA	15044
	Relationship:	CITY A	<u> </u>	STATE A	
	Connected	Organization Affiliated Committee X	Joint Fundrais	sing Represent	ative
8. Des	signated Agent: Identity	by name, address (phone number - optional			
	Full Name				
	Full Name		<b>,</b> 		
	Full Name		" 		
	Full Name		" 		
	Full Name		,, 	1	· · · · · · · · · · · · · · · · · · ·
). Bar	Full Name		Telephone	Number	
9. <b>Bar</b> safe Nar	Full Name Mailing Address TITLE OR POSITION		Telephone	Number	
9. <b>Bar</b> safe Nar	Full Name		Telephone	Number	
9. <b>Bar</b> safe Nar	Full Name		Telephone	Number	
9. <b>Bar</b> safe Nar	Full Name		Telephone	Number	

5(g) or (h).	Joint Fundraising	Participant:		
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2.			FEC ID number	С
3.			FEC ID number	С
4.			FEC ID number	С
	f Any Connected O M MAYRA	rganization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Sponsor
Ma	ailing Address	1005 CONGRESS AVENUE		
		SUITE 400		
		AUSTIN		78701
Re	elationship:	CITY 🔺	STATE A	ZIP CODE
	Connected (	Drganization Affiliated Committee X Joint	Fundraising Representa	tive Leadership PAC Sponsor
8. <b>Designa</b>		Drganization Affiliated Committee X Joint	EFundraising Representa	tive Leadership PAC Sponsor
-			EFundraising Representa	Leadership PAC Sponsor
Full	ted Agent: Identify b		E Fundraising Representa	Leadership PAC Sponsor
Full	ted Agent: Identify b		E Fundraising Representa	Leadership PAC Sponsor
Full	ted Agent: Identify b		E Fundraising Representa	Leadership PAC Sponsor
Full Maili	ted Agent: Identify b	by name, address (phone number – optional)	E Fundraising Representa	Leadership PAC Sponsor
Full Maili	ted Agent: Identify k Name	by name, address (phone number – optional)		
Full Maili TIT	ted Agent: Identify to Name ing Address LE OR POSITION ▼	by name, address (phone number – optional)	STATE	ZIP CODE ▲

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2.		FEC ID number	C
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		FEC ID number	С
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Name of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Sponso
	ORY		
Mailing Address	228 S WASHINGTON STREET		
	SUITE 115		
			22314
Relationship:		STATE A	ZIP CODE A
Connected	Organization Affiliated Committee X Join	t Fundraising Represent	ative Leadership PAC Spor
Designated Agent: Identify	by name, address (phone number - optional)		
Designated Agent: Identify	by name, address (phone number - optional)		
	by name, address (phone number - optional)		
Full Name	by name, address (phone number - optional)		
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Full Name			<ul> <li></li></ul>
Full Name		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·

1.			FEC ID number	С
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Name o	of Any Connected C	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponso
ZIN		D		
М	lailing Address	824 S MILLEDGE AVE STE 101		
IVI	aning Address			
			I GA I	30605
R	elationship:		STATE A	ZIP CODE A
Designa		Organization Affiliated Committee X Joint by name, address (phone number - optional)	Fundraising Represent	ative Leadership PAC Spor
_			Fundraising Represent	ative Leadership PAC Spor
Full	ated Agent: Identify		Fundraising Represent	ative Leadership PAC Spor
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Full	ated Agent: Identify	by name, address (phone number – optional)	Fundraising Represent	

) or (h).	j	Participant:						
1.					) number	С		
2.				J FEC II	) number	С		
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4.				FEC II	) number	С		
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Name	of Any Connected C	organization, Affiliated Co	ommittee, Joint Fu	ndraising Re	oresentative	e, or Leaders	ship PAC Spor	nsor
ED\	NARDS VICTORY							
Λ	Aailing Address	PO BOX 97275						
IN IN	Mailing Address							
		RALEIGH				27624		
_								
F	Relationship:	C			STATE 🔺	_	ZIP CODE 🔺	
-	A Agent: Identify	by name, address (phone	number – optional)					
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TI  Banks	TLE OR POSITION	es: List all banks or other		Telephone N	umber			i i i
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TI Banks safety Name	TLE OR POSITION	es: List all banks or other		Telephone N	umber			
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1.				FEC	ID number	С			
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Name of	Any Connected C	Organization, Aff	filiated Committee, Joint	Fundraising R	epresentative	e, or Lea	adership	PAC Sp	onso
		D 							
		9460 TEGNER	ROAD						
Mai	ling Address								
		HILMAR				953			
					STATE 🔺		ZIP	CODE	
	_	Organization by name, addres	CITY A Affiliated Committee Ss (phone number – optio	<ul> <li>Joint Fundrais</li> <li>nal)</li> </ul>	ing Representa	ative	Leader	ship PAC	Spor
	Connected		Affiliated Committee		ing Representa	ative	Leader		Spor
<b>Designate</b> Full N	Connected		Affiliated Committee		ing Representa				Spor
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<b>Designate</b> Full N Mailin	Connected	by name, addres	Affiliated Committee			ative		ship PAC	: Spon
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1.				FEC	ID number	С			
2.				FEC	ID number	С			
3.				FEC	D number	С			
4.				FEC	D number	С			
Name of Any C	onnected Or	rganization, Affi	liated Committee, Join	t Fundraising	Representative	e, or Lea	dership	PAC Spo	nsor
LAUREL LE		Y FUND							
		P.O. BOX 2743							
Mailing Ad	dress	P.O. BOX 2743							
		BRANDON			FL		609 		
			CITY 🔺		STATE 🔺		ZIP		
Relationsh	Connected C		Affiliated Committee	X Joint Fundrai	sing Representa	ative	Leaders	ship PAC	Spons
Designated Age	Connected C				sing Represent	ative	Leaders		Spons
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ny Connected O	rganization, Affiliat	ed Committee, Joint	FEC I	D number D number D number D number	C		
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-	-	ed Committee, Joint					
-	-	ed Committee, Joint					
NS VICTORY F			Fundraising Re	presentative	e, or Leade	rship PAC	Sponso
a Address	P.O. BOX 5042						1 1
9	L						
	VIRGINIA BEACH				23471		
onship:							F 🔺
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<u> </u>	<u></u>						
Address							
OR POSITION <b>V</b>	,	CITY A		STATE A		ZIP CODE	<b></b>
			Telephone N	lumber			
	Agent: Identify b	g Address VIRGINIA BEACH VIRGINIA BEACH VIRGINIA BEACH Agent: Identify by name, address (p neAddressAddress (p AddressAddress (p AddressAddress (p OR POSITION ▼	g Address VIRGINIA BEACH VIRGINIA BEACH VIRGINIA BEACH CITY ▲ Connected Organization Affiliated Committee Agent: Identify by name, address (phone number – option neAddressAddress (phone number – option CITY ▲	g Address VIRGINIA BEACH VIRGINIA BEACH VIRGINIA BEACH VIRGINIA BEACH VIRGINIA BEACH Joint Fundraisin Agent: Identify by name, address (phone number – optional) ne Address Address CITY ▲ CITY ▲	g Address	g Address VIRGINIA BEACH VIRGINIA BEACH V	g Address VIRGINIA BEACH VIRGINIA BEACH VIRGINIA BEACH VA 23471 -  COnnected Organization Affiliated Committee X Joint Fundraising Representative Leadership F Agent: Identify by name, address (phone number – optional) me Address CITY ▲ STATE ▲ ZIP CODE CITY ▲ STATE ▲ ZIP CODE CITY ▲ STATE ▲ ZIP CODE

1.							
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2.				FE	C ID number	С	
3.				FE	C ID number	С	
4.				FE	C ID number	С	
Name of Any (	Connected O	rganization, Affilia	ted Committee, Join	t Fundraising	Representativ	e, or Leaders	hip PAC Sponsor
GOOD FOR							
Mailing A	ddress	901 N WASHINGT	ON ST				
		SUITE 700					
		ALEXANDRIA				22314	
Relationsl	hip:				STATE ▲		
	Connected (		ffiliated Committee		aising Represent		adership PAC Spon
			phone number – opti	onal)			
Full Name							
Full Name Mailing Add	Iress						
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ō(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	С
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4.			FEC ID number	С
	-	rganization, Affiliated Committee, Joint Fundrais	sing Representativ	e, or Leadership PAC Sponsor
		FUND		
Ma	iling Address	824 S MILLEDGE AVE		
		SUITE 101		
		ATHENS	GA	30605
Rel	lationship:		STATE ▲	
	Connected C	Drganization Affiliated Committee X Joint Fu	undraising Represent	ative Leadership PAC Sponsor
3. <b>Designat</b> Full N		by name, address (phone number – optional)		
Mailir	ng Address	1		
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		L		
		CITY ▲		
111L	E OR POSITION V		nhana Numhar	_   _
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	posit boxes or main Bank,	es: List all banks or other depositories in which the tains funds.	e committee deposi	ts funds, holds accounts, rents
Ма	ailing Address			
Ma	ailing Address			

(g) or (h). <b>J</b>	oint Fundraising	Participant:				
1.				FEC ID nun	nber C	
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4.				FEC ID nun	nber C	
			iated Committee, Joint Fundr		ntative, or	Leadership PAC Sponsor
Mailir	ng Address	PO BOX 44211				
					IN	46244
Relat	tionship:	<u> </u>	CITY A	STA		
. <b>Designated</b> Full Na		by name, address	(phone number – optional)			
	<u> </u>					
Maining	Address					
TITLE	OR POSITION	•	CITY A	STATI		
			<u>        T</u> e	elephone Numbe	r 🗌 🖂	
Name of B Depository,	osit boxes or mai ank,		or other depositories in which		-	

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

ZIP CODE

STATE **A** 

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	Organization, Affiliated Committee, Joint Fundrai	sing Representative	e, or Leadership PAC Sponsor
BO	GNET VICTORY C			
Ν	Mailing Address	228 S WASHINGTON ST		
		STE 115		
			VA	
F	Relationship:	CITY A	STATE A	
	Connected	Organization Affiliated Committee X Joint F	undraising Representa	tive Leadership PAC Sponsor
8. Design	nated Agent: Identify	by name, address (phone number – optional)		
-	nated Agent: Identify	by name, address (phone number – optional)		
Ful		by name, address (phone number - optional)		
Ful	II Name	by name, address (phone number - optional)		
Ful	II Name	by name, address (phone number - optional)		
Ful	II Name			
Ful	II Name		STATE	· · · · · · · · · · · · · · · · · · ·
Ful	II Name			· · · · · · · · · · · · · · · · · · ·
Ful Ma TI  9. <b>Banks</b>	II Name		ephone Number	
Ful Ma 9. <b>Banks</b> safety Name	II Name	CITY ▲ CITY ▲ Tele es: List all banks or other depositories in which the that ins funds.	ephone Number	
Ful Ma TI 9. <b>Banks</b> safety Name Deposi	II Name	CITY ▲ CITY ▲ Tele es: List all banks or other depositories in which the that ins funds.	ephone Number	s funds, holds accounts, rents
Ful Ma TI 9. <b>Banks</b> safety Name Deposi	II Name	CITY ▲ CITY ▲ Tele es: List all banks or other depositories in which the that ins funds.	ephone Number	s funds, holds accounts, rents

		Participant:												
1.							FEC ID	) numbei	r C	;				
2.							FEC ID	) numbei	r C	;				
3.							FEC ID	) numbei	r C	;				
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Name of Any C	onnected O	rganization, A	Affiliated	Committe	e, Joint F	undrai	sing Rep	oresentat	ive, o	r Lea	dersh	ip P/	AC Sp	onso
PROTECT	THE HOUS	E 2024				1 1 1			1 1	1 1	1 1	1 1	1 1	I
Mailing Ac	dress	PO BOX 308	344											
		BETHESDA						MD		208	24		- 📖	
								STATE			ZI	P CC		
Relationsh	Connected (		_				undraising	I Represe	ntative	e			p PAC	
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Designated Age Full Name Mailing Addr	ess	by name, addr	ress (pho	ted Comm				Represe			Lead		p PAC	
Designated Age Full Name Mailing Addr	connected C	by name, addr	ress (pho	ted Comm		al)		g Represe	ntative		Lead		p PAC	

		Participant:						
1.				FEC	ID number	С		
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Name	of Any Connected O	organization. Affili	ated Committee, Joint	Fundraising F	Representativ	e. or Leader	ship PAC Spon	sor
	UTH JERSEY FIRS	-						
٩	Mailing Address							
		138 CONANT ST	REET 2ND FLOOR					
		BEVERLY			MA	01915		1 1
F	Relationship:		CITY A		STATE			
	Connected	Organization	Affiliated Committee	<ul> <li>Joint Fundrais</li> </ul>	sina Represent		adership PAC S	nonse
Ful	II Name							
Ma	iling Address							
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	iling Address		CITY A					
		L	I	Telephone		z		
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TI	TLE OR POSITION	es: List all banks of	I		Number			       
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TI Banks safety Name	TLE OR POSITION	es: List all banks of			Number			
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2.						FEC ID nu	umber	С				
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-		organization, A	ffiliated Com	mittee, Joint	t Fundraisi	ing Repres	sentative	e, or l	Leader	ship F	PAC Sp	onsor
Mailing	Address	PO BOX 3084	4 									
		BETHESDA					MD		20824	1 1	-	
						s <sup>-</sup>				ZIP C		
Relation	ship:		CITY	A 1		-					ODE A	
	Connected	Organization by name, addre	Affiliated Co	ommittee		ndraising Re	epresenta	tive	Le			
	Connected		Affiliated Co	ommittee			epresenta	itive				
Designated A	gent: Identify		Affiliated Co	ommittee			epresenta	tive				
<b>Designated A</b> Full Name	gent: Identify		Affiliated Co	ommittee			epresenta	utive				
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g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	С
2.			FEC ID number	С
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	RNELL VICTORY (	Organization, Affiliated Committee, Joint Fundrai	sing Representative	e, or Leadersnip PAC Sponsor
	Mailing Address	PO BOX 1488		
			PA	<mark>16066</mark> 
	Relationship:		STATE A	ZIP CODE A
Desig	nated Agent: Identify	by name, address (phone number – optional)		
	nated Agent: Identify	by name, address (phone number - optional)		
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1.		FEC ID number	С
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lame of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representativ	e, or Leadership PAC Sponso
	<b>ID</b>		
Mailing Address	332 W LEE HWY		
	#303		
		VA	20186
Relationship:			
		t Fundraising Represent	ZIP CODE A
Connected	CITY A d Organization Affiliated Committee X Join		
E Connected	CITY A d Organization Affiliated Committee X Join		
Esignated Agent: Identify	CITY A d Organization Affiliated Committee X Join		
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Connected	CITY A		
Esignated Agent: Identify	CITY A CITY A CITY A Organization Affiliated Committee Join of by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Spor

5(g) c	or (h). Joint Fundraisin	g Participant:	
	1	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4	FEC ID number	
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spon	sor
	Mailing Address	824 S. MILLEDGE AVENUE	
		SUITE 101         ATHENS         GA       30605         -	
	Relationship:	CITY A STATE A ZIP CODE A	
	Connected	Organization Affiliated Committee X Joint Fundraising Representative Leadership PAC Sp	ponsor
8.		Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sp by name, address (phone number – optional)	ponsor
8.			ponsor
8.	Designated Agent: Identify		ponsor
8.	Designated Agent: Identify		ponsor
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8.	Designated Agent: Identify	by name, address (phone number – optional)	ponsor
8.	Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION	by name, address (phone number – optional)	ponsor
8.	Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION	by name, address (phone number – optional)	

 Mailing Address	
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 Mailing Address	

		Participant:										
1. 💷						FEC ID	0 number	С				
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Name of Any	Connected O	rganization, A	filiated Cor	nmittee, Joi	nt Fundra	ising Rep	oresentativ	e, or	Leader	ship l	PAC SI	ponsor
WALBERG	VICTORY	UND										
Mailing A	ddress	PO BOX 1362	2									
		JACKSON				1	MI	I	49204		_	
							STATE ▲					•
Relations	hip:		CI	ΓY 🔺						211 (	ODE	
[	Connected C	-	Affiliated	Committee		Fundraisin	g Represent	ative				
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Designated Ag	Connected C	-	Affiliated	Committee		Fundraising		ative				
Designated Ag Full Name Mailing Add	Connected C	by name, addre	Affiliated							eaders		
Designated Ag Full Name Mailing Add	Connected C	by name, addre	Affiliated of the set		tional)		3 Represent			eaders	hip PA(	C Spons

5(g) o	r(h). Joint Fundraisin	g Participant:		
	1		FEC ID number	С
	2.		FEC ID number	С
	3.		FEC ID number	C
	4.		FEC ID number	С
,				
6.		Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
		ND		
	Mailing Address	824 S. MILLEDGE AVENUE		
		SUITE 101		
		ATHENS	GA	30605
	Relationship:		STATE	
	Connected	d Organization Affiliated Committee X Joint	Fundraising Representa	ative Leadership PAC Sponsor
3.	Designated Agent: Identify	/ by name, address (phone number – optional)		
3.	Designated Agent: Identify	/ by name, address (phone number – optional)		
3.		/ by name, address (phone number - optional)		
3.	Full Name	<pre>/ by name, address (phone number - optional)</pre>		
3.	Full Name	<pre>/ by name, address (phone number - optional) // / / / / / / / / / / / / / / / / / /</pre>		
3.	Full Name		<ul> <li></li></ul>	
3.	Full Name		↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓	· · · · · · · · · · · · · · · · · · ·
-	Full Name	CITY A	lephone Number	
-	Full Name		lephone Number	
	Full Name Mailing Address TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or ma Name of Bank,		lephone Number	
	Full Name          Mailing Address         TITLE OR POSITION            Banks or Other Deposito         safety deposit boxes or main         Name of Bank,         Depository, etc.		lephone Number	
	Full Name Mailing Address TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or ma Name of Bank,		lephone Number	
	Full Name          Mailing Address         TITLE OR POSITION            Banks or Other Deposito         safety deposit boxes or main         Name of Bank,         Depository, etc.		lephone Number	

	-	Participant:									
1.						FEC	ID number	С			
2.						FEC	ID number	С			
3.						FEC	ID number	С			
4.						FEC	ID number	С			
	of Any Connected C		Affiliated Co	ommittee, Jo	oint Fund	raising R	epresentativ	e, or Le	eadership	PAC S	ponsor
	Mailing Address	228 S. WASH	HINGTON ST	REET							
		SUITE 115									
		ALEXANDRI	A			1		2	2314	_	
ĺ	Relationship:		С				STATE		ZIF	CODE	▲ · · ·
	Connected	Organization	Affiliated	Committee	× Join	t Fundrais	ing Represen	ative	Leade	ership PA	C Sponso
-	nated Agent: Identify I	by name, addr	ess (phone	number – o	ptional)						
Fu	III Name										
Ma	ailing Address										
Ma	ailing Address										
Ma	ailing Address										
	ailing Address			· · · · · · · · · · · · · · · · · · ·							
				I							
T 	TILE OR POSITION					-	Number		-		
T  Banks		es: List all bar				-	Number	ts funds	-		rents
T Banks safety Name	TILE OR POSITION	es: List all bar				-	Number	ts funds	-		<pre></pre>
T Banks safety Name	TILE OR POSITION	es: List all bar				-	Number	ts funds	-		<pre></pre>
T Banks safety Name	TILE OR POSITION	es: List all bar				-	Number		-		rents
T Banks safety Name	TILE OR POSITION	es: List all bar				-	Number	<pre></pre>	-		rents

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

ZIP CODE

STATE **A** 

(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	С
2.			FEC ID number	C
3.			FEC ID number	C
4.			FEC ID number	C
. Name	of Any Connected C	Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
ZEL		MMITTEE 2020		
		47 FLINTLOCK DRIVE		
Ν	Mailing Address			
		SHIRLEY		11967
F	Relationship:		STATE 🔺	ZIP CODE
-		by name, address (phone number – optional)		
Ful	II Name	by name, address (phone number - optional)		
Ful		by name, address (phone number - optional)		
Ful	II Name	by name, address (phone number - optional)		
Ful	II Name			
Ful Ma	II Name			
Ful Ma	II Name		STATE ▲	
Ful Ma	II Name		I	
Ful Ma TI	II Name	CITY ▲ CITY ▲ Tele Es: List all banks or other depositories in which th	ephone Number	
Ful Ma Ti Banks safety	II Name	CITY ▲ CITY ▲ CITY ▲ CITY ▲	ephone Number	s funds, holds accounts, rents
Ful Ma TI Banks safety Name o Deposi	II Name	CITY ▲ CITY ▲ CITY ▲ CITY ▲	ephone Number	s funds, holds accounts, rents
Ful Ma TI Banks safety Name o Deposi	II Name	CITY ▲ CITY ▲ CITY ▲ CITY ▲	ephone Number	s funds, holds accounts, rents

		Participant:							
1. 🕒				FEC	ID number	С			
2.				FEC	ID number	С			
3.				FEC	ID number	С			
4.				FEC	ID number	С			
Name of	Any Connected C	Organization, Affi	iliated Committee, Join	t Fundraising F	Representativo	e, or Lea	adership	PAC S	ponso
HUIZI		FUND							
	11 A.L.	P.O. Box 2485							
Ma	iling Address								
							450		
		Springfield					152		
					STATE 🔺		ZIP		
		Organization		X Joint Fundrais		ative		CODE rship PA	
	Connected					ative			
Designat Full N	Connected		Affiliated Committee						
Designat Full N	Connected		Affiliated Committee			ative			
Designat Full N	Connected		Affiliated Committee			ative			
<b>Designat</b> Full N Mailir	Connected	by name, address	Affiliated Committee		sing Representa	ative	Leade	rship PA	C Spon
<b>Designat</b> Full N Mailir	Connected	by name, address	Affiliated Committee		sing Represent	ative	Leade		C Spon

		Participant:											
1. 💷						FEC	ID number	С					
2.						FEC	ID number	С					
3.						FEC	ID number	С					
4.						FEC	ID number	С					
Name of A	Any Connected C	Organization, A	ffiliated Com	mittee, Jo	int Fundr	aising R	epresentati	ve, or	Leade	ership	PAC	Spon	nsor
ROUZE			ST										
Mailir	ng Address	P.O. Box 701										1	
wam	ig Address												
		Clayton							27528	8			
Polat	ionchin:						STATE A				( ( ))		
	Connected d Agent: Identify	Organization by name, addre	CITY Affiliated Co ess (phone nu	ommittee		Fundrais	ng Represer	ntative		Leade			pons
	Connected		Affiliated Co	ommittee		Fundrais	ng Represer	ntative					pons
<b>Designated</b> Full Na	Connected		Affiliated Co	ommittee		Fundrais	ng Represer	ntative					pons
<b>Designated</b> Full Na	Connected		Affiliated Co	ommittee		Fundrais	ing Represer	ntative					pons
<b>Designated</b> Full Na	Connected		Affiliated Co	ommittee	_	Fundrais	ing Represer	ntative					pons
<b>Designated</b> Full Na Mailing	Connected	by name, addre	Affiliated Co	ommittee	_	Fundrais	STATE	ntative		Leade		PAC S	pons
<b>Designated</b> Full Na Mailing	Connected	by name, addre	Affiliated Co	ommittee	otional)	Fundrais		ntative		Leade	rship F	PAC S	pons

5(g)	or (h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	С
6.	-	Organization, Affiliated Committee, Joint Fundra	aising Representativ	e, or Leadership PAC Sponsor
		TORY FUND		
	Mailing Address	P.O. Box 9891		
		Arlington		22219
	Relationship:	CITY A	STATE	
	Connected	d Organization	Fundraising Represent	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	y by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
	-			· · · · · · · · · · · · · · · · ·
		CITY ▲		
	TITLE OR POSITION	▼ 0111 <b>▲</b>	STATE A	
		Te	lephone Number	
9.	safety deposit boxes or ma	<b>ries:</b> List all banks or other depositories in which t aintains funds.	the committee deposit	ts funds, holds accounts, rents
	Name of Bank, Depository, etc.			
	Mailing Address			
L		CITY A	STATE A	ZIP CODE

or (h).	Joint Fundraising	Participant:						
1.				FE	C ID number	С		
2.				FE	C ID number	С		
3.				FE	C ID number	С		
4.				FE	C ID number	С		
Name	of Any Connected O	rganization, Affilia	ated Committee, Joint	Fundraising	Representativ	e, or Leade	ership PAC Spo	nsor
SAN								
N	Nailing Address	2345 GRAND BLV	′D SUITE 2400					
		KANSAS CITY				64108	3	
F	Relationship:		CITY A		STATE			
	Connected (	Organization	Affiliated Committee	Joint Fundr	aising Represen	tative	Leadership PAC S	Spons
Ful	I Name							
Ма	iling Address							
Tľ	TLE OR POSITION <b>V</b>	7	CITY A		STATE A		ZIP CODE 🔺	
				Telephor	ne Number			
		<b>F</b>		Telephoi	1			

5(g) or (l	h). Joint Fundraising	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	С
	3.		FEC ID number	С
	4.		FEC ID number	C
_				
. <b>N</b> a	ame of Any Connected	Organization, Affiliated Committee, Joint Fundra	ising Representativ	e, or Leadership PAC Sponsor
		UND		
	Mailing Address	824 S. MILLEDGE AVENUE		
		SUITE 101		
		ATHENS	GA	30605
	Relationship:		STATE	
	Connected	Organization Affiliated Committee X Joint F	Fundraising Represent	ative Leadership PAC Sponsor
De	esignated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
		1		
		1		-
	TITLE OR POSITION		STATE A	
			ephone Number	-   -
_				<b>7 1 1 1 1 1 1</b>
<b>Ba</b> sa	afety deposit boxes or ma	<b>ies:</b> List all banks or other depositories in which the intains funds.	ie committee deposit	is tunds, holds accounts, rents
Na	ame of Bank,			
	epository, etc.			
	Mailing Address			
			STATE 🔺	ZIP CODE

5(g) c	or (h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	С
	3.		FEC ID number	С
	4.		FEC ID number	С
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	ining Depresentativ	a ar Loodorchin DAC Sponsor
0.	BRAD WENSTRUP		aising nepresentative	e, or Leadership FAC Sponsor
	Mailing Address	PO BOX 30844		
				20824
	Relationship:	CITY ▲	STATE	
	Connected	d Organization Affiliated Committee X Joint	Fundraising Represent	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	v by name, address (phone number – optional)		
	Full Name			
	Full Name			
	<u> </u>	<u> </u>		
	<u> </u>			
	Mailing Address		· · · · · · · · · · · · · · · · · · ·	
	<u> </u>	•	STATE	
· · · · · · · · · · · · · · · · · · ·	Mailing Address	▼ Te	lephone Number	
	Mailing Address	ries: List all banks or other depositories in which	lephone Number	
	Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or ma	ries: List all banks or other depositories in which	lephone Number	
	Mailing Address	ries: List all banks or other depositories in which	lephone Number	
	Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or ma Name of Bank,	ries: List all banks or other depositories in which sintains funds.	lephone Number	s funds, holds accounts, rents
	Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or ma Name of Bank, Depository, etc.	ries: List all banks or other depositories in which sintains funds.	lephone Number	s funds, holds accounts, rents
	Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or ma Name of Bank, Depository, etc.	ries: List all banks or other depositories in which sintains funds.	lephone Number	s funds, holds accounts, rents

5(g) d	or(h). Joint Fundraising	g Participant:			
	1.		FEC	ID number	С
	2.		FEC	ID number	С
	3.		FEC	ID number	С
	4.		FEC	ID number	С
6.	Name of Any Connected	Organization, Affiliated Committee, Joint	Fundraising F	Representative	e, or Leadership PAC Sponsor
	Mailing Address	824 S. MILLEDGE AVENUE			
		SUITE 101			
				GA	30605
	Relationship:	CITY A		STATE A	ZIP CODE A
	Connected	Organization Affiliated Committee	× Joint Fundrai	sing Representa	tive Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optio	nal)		
	Full Name				
	Mailing Address				
	TITLE OR POSITION	▼ CITY ▲		STATE A	ZIP CODE
			Telephone	Number	
9.	Banks or Other Depositor safety deposit boxes or mai	ies: List all banks or other depositories in intains funds.	which the com	nmittee deposit	s funds, holds accounts, rents
	Name of Bank, Depository, etc.				
	Mailing Address				

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			C	XIT	( 🔺						SI	ΓAT	Ε			ZIP	C	DD	E 🖌			

or (h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
-	Organization, Affiliated Committee, Joint Fundra	aising Representativ	e, or Leadership PAC Sponsor
Mailing Address	332 W LEE HWY		
	#303		
			20186
Relationship:		STATE A	
Designated Agent: Identif	y by name, address (phone number – optional)		
	y by name, address (phone number – optional)		
Designated Agent: Identif	y by name, address (phone number - optional)		
Designated Agent: Identif	y by name, address (phone number - optional)		
Designated Agent: Identif	y by name, address (phone number - optional)		
Designated Agent: Identif			<pre></pre>
Designated Agent: Identif Full Name Mailing Address			· · · · · · · · · · · · · · · · · · ·
Designated Agent: Identif Full Name Mailing Address TITLE OR POSITION	CITY A CITY Tel cries: List all banks or other depositories in which t aintains funds.	lephone Number	
Designated Agent: Identif Full Name Mailing Address TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or m Name of Bank, Depository, etc	CITY A CITY Tel cries: List all banks or other depositories in which t aintains funds.	lephone Number	
Designated Agent: Identif Full Name Mailing Address TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or m Name of Bank, Depository, etc	CITY A CITY Tel cries: List all banks or other depositories in which t aintains funds.	lephone Number	

		Participant:										
1.						FEC ID n	number	С				
2.						FEC ID n	number	С				
3.						FEC ID n	number	С				
4.						FEC ID n	number	С				
Name of Any C	onnected O	rganization, A	ffiliated Com	nmittee, Join	nt Fundrais	sing Repre	sentative	e, or L	eaders	hip P.	AC Sp	onsor
, WILSON LE		•		-		•		*		-	-	
Mailing Ad	dress	PO BOX 2456	₿ 									
								1 1		1 1		1
			D					2	2152			
				Y 🔺					<u>     </u>			
Relationsh	ip:		CH			0			-			
Relationsh	Connected C		Affiliated C	Committee	_	undraising R	Representa	ative	Lea		ip PAC	Spon
	Connected C		Affiliated C	Committee	_	undraising R			Lea			Spon
Designated Age	Connected C		Affiliated C	Committee	_	undraising R	Representa					Spon
Designated Age	Connected C		Affiliated C	Committee	_	undraising R	Representa	ative	Lea			Spon:
Designated Age	Connected C		Affiliated C	Committee	_	undraising R	Representa	ative				Spon:
Designated Age Full Name Mailing Addr	Connected C nt: Identify b ess	y name, addre	Affiliated C	committee umber – opti	_			ative		adersh	ip PAC	Spons
Designated Age Full Name Mailing Addr	Connected C	y name, addre	Affiliated C	committee umber – opti	ional)		⊥	ative			ip PAC	Spon:

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

ZIP CODE

STATE 🔺

5(g) or	(h). Joint Fundraising	J Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	С
	3.		FEC ID number	C
_	4.		FEC ID number	C
6. <b>I</b>	Name of Any Connected ( TEAM GALLAGHER	Drganization, Affiliated Committee, Joint Fundrais	sing Representative	e, or Leadership PAC Sponsor
	Mailing Address	1915 SOUTH WEBSTER AVE		
		STE D		
		GREEN BAY	WI	54301
	Relationship:		STATE ▲	
	Connected	Organization Affiliated Committee X Joint Fu	Indraising Represent	
_				
8. <b>C</b>	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
		CITY ▲		
	TITLE OR POSITION	•		
		Telep	phone Number	
S	<b>Banks or Other Depositor</b> safety deposit boxes or mai Name of Bank,	ies: List all banks or other depositories in which the ntains funds.	e committee deposit	s funds, holds accounts, rents
	Depository, etc.			
	Mailing Address			

		Participant:							
1.					FEC ID number	r C			
2.					FEC ID number	r C			
3.					FEC ID number	r C			
4.					FEC ID number	r C			
Name of	Any Connected C	Organization, Af	ffiliated Committee	, Joint Fundrai	sing Representat	ive, or L	_eadershi	ip PAC S	ponsor
STRO									
Mai	ing Address	824 S MILLED	DGE AVE, STE 101						
		ATHENS			GA		30605		
					STATE .	」 <u>∟</u>	ZI	P CODE	▲ I
Rela	ationship:								
	Connected	Organization	Affiliated Committe	_	undraising Represe	ntative	Lead	lership PA	C Spons
	Connected		Affiliated Committee	_	undraising Represe			Iership PA	C Spons
<b>Designate</b> Full N	Connected		Affiliated Committee	_	undraising Represe	Intative		lership PA	
<b>Designate</b> Full N	Connected		Affiliated Committee	_	iundraising Represe	Intative	Lead	lership PA	C Spons(
<b>Designate</b> Full N	Connected		Affiliated Committee	_	iundraising Represe	Intative		lership PA	C Sponso
<b>Designate</b> Full N Mailin	Connected	by name, addre	Affiliated Committee	_	undraising Represe	I I I		lership PA	
<b>Designate</b> Full N Mailin	Connected	by name, addre	Affiliated Committee	- optional)		Intative			

		Participant:							
1.				FE	EC ID number	С			
2.				FE	EC ID number	С			
3.				FE	EC ID number	С			
4.				L FE	EC ID number	С			
Name of A	Any Connected C	rganization, Aff	filiated Committee, Jo	int Fundraising	g Representativ	e, or Lea	dership	PAC Spo	nsor
		P.O. BOX 2614	1						
Mailii	ng Address								
		ALEXANDRIA				223	313		
					OTATE A		ZIP (		
		Organization	CITY  Affiliated Committee	_	STATE ▲	ative		CODE ▲	Spon
	Connected		-	_		ative			Spon
<b>Designated</b> Full Na	Connected		Affiliated Committee	_					Spons
<b>Designated</b> Full Na	Connected		Affiliated Committee	_		ative			Spons
<b>Designated</b> Full Na	Connected		Affiliated Committee	_		ative			Spons
<b>Designated</b> Full Na Mailing	Connected of Agent: Identify I	by name, addres	Affiliated Committee	_	raising Represent	ative	Leaders	ship PAC S	Spons
<b>Designated</b> Full Na Mailing	Connected	by name, addres	Affiliated Committee	_		ative		ship PAC S	Spons

		cipant:						
1.				FEC	D number	С		_
2.				FEC	D number	С		
3.				FEC	D number	С		
4.				FEC	D number	С		
Name of Any Co	nnected Organiz	zation, Affiliate	d Committee, Joint	Fundraising	Representativ	e, or Leader	rship PAC Spor	iso
								I
	1910	OXMOOR ROA		<u> </u>	· · · · · ·	<u> </u>		
Mailing Add	ress							
	#22	3						
	I HOI	MEWOOD				35209		
							ZIP CODE 🔺	
	Connected Organi		CITY  Liated Committee	_	STATE ▲ sing Represent	tative L	eadership PAC S	роі
	Connected Organi		liated Committee	_				por
Designated Agen	t: Identify by nar		liated Committee	_				 
Designated Agen	t: Identify by nar		liated Committee	_		Lative		:pon
Designated Agen	t: Identify by nar		liated Committee	_				.pon
Designated Agen	Connected Organi		liated Committee	_				:pon
Designated Agen Full Name	Connected Organi		liated Committee	nal)	sing Represent		Leadership PAC S	

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
		Organization, Affiliated Committee, Joint Fundra	aising Representativ	e, or Leadership PAC Sponsor
		MITTEE 		
Ma	ailing Address	824 S. MILLEDGE AVENUE		
		SUITE 101		
			GA	30605
Re	elationship:	CITY ▲	STATE A	
	Connected	Organization Affiliated Committee X Joint	Fundraising Represent	ative Leadership PAC Sponse
Full	Name			
Mail	ing Address			
				-
тіт	LE OR POSITION	CITY A	STATE A	ZIP CODE
		Te	lephone Number	
		es: List all banks or other depositories in which	the committee deposi	ts funds, holds accounts, rents
safety d	anaait hayaa ar mair	station of the second of the s		
	eposit boxes or mair	itains tunos.		
Name o Deposito	f Bank,			
Name o Deposito	f Bank,			
Name o Deposito	f Bank, pry, etc.			
Name o Deposito	f Bank, pry, etc.			

		Participant:								
1. 🗖					FEC ID r	number	С			
2.					FEC ID r	number	С			
3.					FEC ID r	number	С			
4.					FEC ID 1	number	С			
Name of A	Any Connected (	Drganization, Aff	filiated Committee,	Joint Fundra	ising Repre	esentative	e, or Le	adersh	ip PAC	Spon
TEAM	ESTES								1 1	
Maili	ng Address	P.O. BOX 2614	11 							
		ALEXANDRIA				VA	22	2313		
					c	STATE 🔺		ZI	P COE	)F 🔺
		Organization by name, addres	CITY A Affiliated Committee ss (phone number –	_	Fundraising F		ative	_		PAC Sp
	Connected		Affiliated Committee	_			ative	_		
Designate Full Na	Connected		Affiliated Committee	_			ative	_		
Designate Full Na	Connected		Affiliated Committee	_			ative	_		
Designate Full Na	Connected		Affiliated Committee	_			ative	_		
Designate Full Na Mailing	Connected	by name, addres	Affiliated Committee	_	Fundraising       I       I       I       I       I       I		ative			PAC Sp
Designate Full Na Mailing	Connected	by name, addres	Affiliated Committee	• optional)	Fundraising       I       I       I       I       I       I	Representa	ative		dership	PAC Sp

. 1		Participant:			
1. 🗌			FEC	ID number	С
2.			FEC	ID number	С
з. 🗆			FEC	ID number	С
4.			FEC	ID number	С
Name o	of Any Connected (	Organization, Affiliated Committee	e, Joint Fundraising F	Representativ	e, or Leadership PAC Sponsor
М	ailing Address	332 W. LEE HIGHWAY			
		#303			
				VA	20186
R	elationship:	CITY A		STATE A	ZIP CODE
		by name, address (phone number	- optional)		
Full	Name	by name, address (phone number	- optional)		
Full		by name, address (phone number	- optional)		
Full	Name	by name, address (phone number	- optional)		
Full	Name		- optional)		
Full Mai	Name		- optional)		

) 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
Name of Any Connected C	Organization, Affiliated Committee, Joint Fundrai	sing Representativ	e, or Leadership PAC Sponsor
	IMITTEE		
Mailing Address	824 S MILLEDGE AVE STE 101		
		GA	30605
Relationship:	CITY A	STATE A	
Connected	Organization Affiliated Committee X Joint F	undraising Represent	ative Leadership PAC Spons
Full Name			
Mailing Address			
TITLE OR POSITION		STATE A	ZIP CODE
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safety deposit boxes or main			
Name of Bank, Depository, etc.			
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Name of Ar	ny Connected C	Organization, A	filiated Con	nmittee, Joi	nt Fundra	ising Re	epresentativ	ve, or	Leade	rship	PAC S	ponso
MIKE RO	OGERS VICTO	DRY										
Mailing	g Address	2523 WILSON	N BOULEVAR	D 								
		#4 								1 1		
		ARLINGTON				1	VA	1	22201		_	
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Name of A	ny Connected C	Organization, Affi	liated Committee, Join	t Fundraising	Representative	e, or Lea	dership	PAC Spo	onso
ALLEN		1D							
Mailin	g Address	PO BOX 42052	1						I
	g /								
					, GA I	J 303	342		
					 STATE ▲				
Relatio	onship:						211		
		Organization	CITY A Affiliated Committee s (phone number – opti		aising Representa	ative	Leaders	ship PAC	Spor
	Connected Agent: Identify		Affiliated Committee		aising Representa	ative	Leaders	ship PAC	Spor
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ny Connected C	Drganization, Affilia	ted Committee, Joint		D number D number D number D number	C C C C		
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/ICTORY			r unurunsing ric	presentative	e, or Leader	ship PAC Spo	ons
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g Address	PO BOX 97275						
	RALEIGH			NC	27624		
onship:		CITY A		STATE A		ZIP CODE	
me   I I I							I
<u> </u>							
Address							
OR POSITION		CITY A		STATE A	Z	IP CODE A	
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	onship: Connected Agent: Identify me	Address	g Address     RALEIGH     RALEIGH     Image: Connected Organization     Affiliated Committee     Agent: Identify by name, address (phone number – option     Address     Address     Image: Cltry ▲     Cltry ▲	g Address	g Address     RALEIGH     NC     RALEIGH     NC     Address     Image: Notation     Address     Image: Notation     Address     Image: Notation     Address     Image: Notation	g Address     RALEIGH     RALEIGH     RALEIGH     NC     27624     onship:     Citry ▲     STATE ▲     Agent:     Identify by name, address (phone number – optional)     me     Address     Citry ▲     STATE ▲     Citry ▲     STATE ▲     OR POSITION ▼     Citry ▲     State ▲     Citry ▲     Identify     Identify <tr< td=""><td>g Address RALEIGH R</td></tr<>	g Address RALEIGH R

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Name of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representativ	e, or Leadership PAC Sponso
FERGUSON VICTOR	YFUND		
Mailing Address	P.O. BOX 420304		
		GA	30342
Relationship:		STATE A	ZIP CODE A
	Organization Affiliated Committee X Join	t Fundraising Represent	ative Leadership PAC Spon
Designated Agent: Identify	by name, address (phone number – optional)	t runuraising nepresent	
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	sing Participant:							
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Davidson Victory	Fund							I
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	1 499 S. Capitol Street S	SW		<u> </u>				
Mailing Address	Suite 407							
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	UWashington				200			
				STATE 🔺		ZIP	CODE	
			loint Fundraising		ative		rship PAC	
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Name of	Any Connected C	rganization, Affili	ated Committee, Joint	Fundraising F	epresentativ	e, or Lea	adership	PAC	Sponso
		PO BOX 26141							
Ма	iling Address								
		ALEXANDRIA					313		
							716		
			CITY A Affiliated Committee	≺ Joint Fundrais nal)	STATE ▲	ative		P CODE	
	Connected		Affiliated Committee			ative			
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g) or (h).	Joint Fundraising	Participant:		
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	of Any Connected C	Drganization, Affiliated Committee, Joint Fundra	ising Representativ	e, or Leadership PAC Sponsor
Ν	Mailing Address	228 S. Washington Street		
		Suite 115		
F	Relationship:	Alexandria CITY ▲	U VA VA STATE ▲	22314 – ZIP CODE ▲
			Fundraising Represent	
Design	nated Agent: Identify	by name, address (phone number – optional)		
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Name o	of Any Connected C	rganization, Affiliated Committee, Joi	nt Fundraising	Representative	e, or Leadership PAC Sponso
JAK					
M	ailing Address	PO BOX 30844			
					20824
Re	elationship:	CITY A		STATE A	ZIP CODE A
	Connected	Organization	X Joint Fundra	ising Represent	ative
Designa	ated Agent: Identify	by name, address (phone number – op	tional)		
	Name	by name, address (phone number – op	tional)		
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2.				L F	EC ID numb	er C		
з. 🗋				F	EC ID numb	er C		
4.				L L F	EC ID numb	er C		
6. Name of	f Any Connected O	rganization, Affiliat	ted Committee, Joi	int Fundraisir	ng Represent	ative, or Le	adership PAC	Sponsor
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Ma	ailing Address	824 S MILLEDGE /	AVE STE 101					
Be	lationship:	ATHENS					0605 	F A
	Connected C	Drganization A	ffiliated Committee	X Joint Fund	draising Repre		-	PAC Sponsor
3. Designat	ted Agent: Identify b	y name, address (j	phone number – op	tional)				
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			ated Committee, Joint	Fundraising Rep	oresentative	e, or Leade	rship PAC S	Sponsor
GARREIG								
Mailing Ad	ddress	PO BOX 64845						
		BATON ROUGE			LA	70896		
Relationsh	hip:				STATE A		ZIP CODE	<b></b>
	Connected C	Drganization	Affiliated Committee	Joint Fundraising	g Representa	ative L	eadership PA	AC Spons
Full Name								
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TITLE OR	POSITION V	,						<u> </u>
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5(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	С
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		rganization, Affiliated Committee, Joint Fundrai	sing Representative	e, or Leadership PAC Sponsor
		FUND		
٩	Mailing Address	228 S WASHINGTON STREET		
		SUITE 115		
				22314
F	Relationship:	CITY A	STATE ▲	
	Connected 0	Organization Affiliated Committee X Joint F	undraising Represent	ative Leadership PAC Sponsor
Ful	II Name			
Ma	ailing Address			
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safety Name	or Other Depositorie deposit boxes or main of Bank, itory, etc.	es: List all banks or other depositories in which th thains funds.	e committee deposit	s funds, holds accounts, rents
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	Mailing Address			· · · · · · · · · · · · · · · · · · ·

		Participant:										
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	Any Connected C	-	Affiliated Co	ommittee, Joi	nt Fundrai	sing Repre	esentative	e, or	Leade	rship	PAC S	ponsoi
STRO												
Mail	ing Address	PO BOX 185	502									
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		TIONISVILL						L	55004			
	tionship: Connected	Organization by name, add	Affiliated	CITY  Committee number – op	_	undraising I	STATE ▲ Representa	ative			CODE ship PA	
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MILLER VICTOR	Y						
ailing Address	824 S MILLEDGE	AVE STE 101					
	ATHENS			GA	30605	5	-  , ,
lationship:				STATE A		ZIP CO	
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

ZIP CODE

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i(g) or (h).	Joint Fundraising	Participant:						
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S. Name	of Any Connected C	Organization, Affiliat	ed Committee, Joint F	undraising R	epresentativ	e, or Leade	rship PAC Spor	nsor
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٨	Nailing Address	13203 SE 172ND A	VE					
N	naming Address	STE 166 #399						
						97086		
F	Polotionohin							
Г	Relationship:	_	CITY A		STATE 🔺	_	ZIP CODE	
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	iling Address						− [ − [ ZIP CODE ▲	
	iling Address		I				<pre></pre>	
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	ne of Any Connected C /IKE FLOOD VICTOF	-	draising Representative, or Leadership PAC Sponsor
	Mailing Address	1327 H STREET	
		STE 101	
			NE   68508
	Relationship:	CITY A	STATE A ZIP CODE A
	Connected	Organization Affiliated Committee X Joi	int Fundraising Representative Leadership PAC Spons
8. <b>Des</b>	ignated Agent: Identify	by name, address (phone number - optional)	
	Full Name		
	Mailing Address		
	TITLE OR POSITION		STATE ▲ ZIP CODE ▲
			Telephone Number
9. <b>Ban</b>	iks or Other Depositori		h the committee deposits funds, holds accounts, rents
safe	ety deposit boxes or main	ntains funds.	
	ne of Bank, pository, etc.		
	Mailing Address		

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

(g) or (h).	Joint Fundraising	Participant:					
1.					FEC ID number	С	
2.					FEC ID number	С	
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		Organization, Affiliated	I Committee, Joi	nt Fundrais	ing Representativ	e, or Leadership PAC S	Sponsor
	TORY 2024						
	A 111 A 1 I	22780 INDIAN CREE	K DRIVE STE 100				
N	lailing Address						
_						20166	
R	Relationship:	_	CITY A	_	STATE A	ZIP CODE	<b>A</b>
	Connected	Organization Affili	ated Committee	X Joint Fu	undraising Represent	Leadership PA	AC Sponsor
_	ated Agent: Identify	by name, address (ph	one number – opt	ional)			
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TI	TLE OR POSITION	•	CITY A		STATE A	ZIP CODE	
				Teler	ohone Number		
Banks	or Other Depositori	<b>es:</b> List all banks or o	ther depositories	in which the	e committee deposi	ts funds, holds accounts	, rents
safety o	deposit boxes or mair	ntains funds.					
	of Bank,						
Deposit	tory, etc.						
ļ	Mailing Address						

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	-	-		t Fundraising F	Representativo	e, or Leadership PAC Spons
PRC			2024			
N	lailing Address	PO BOX 30844				
		BETHESDA		1		
R	elationship:				STATE	
	Connected	Organization	Affiliated Committee	× Joint Fundrais	ing Benresent	ative Leadership PAC Spo
Design	alea Agent. Identity	by name, address	(phone number – optic	onal)		
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

(g) or (h).	Joint Fundraising	Participant:		
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	-	Organization, Affiliated Committee, Joint Fur	ndraising Representativ	e, or Leadership PAC Sponsor
Ν	lailing Address	PO BOX 3580		
	<u> </u>	1		
		SYRACUSE	NY .	13220
F	elationship:		L L STATE ▲	
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	Connected	Organization Affiliated Committee X Jo	bint Fundraising Represent	ative Leadership PAC Sponso
	ated Agent: Identify	by name, address (phone number – optional)		
Ма	iling Address			
Tľ	TLE OR POSITION	CITY A	STATE A	ZIP CODE
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Banks	or Other Depositori	es: List all banks or other depositories in whi	ch the committee deposi	ts funds, holds accounts, rents
	deposit boxes or main			,,,
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Deposit	ory, etc.			
l	Mailing Address			

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		ant:							
1.				FEC I	D number	С			
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Name of Any Con	nected Organizat	ion, Affiliated Commit	tee, Joint Fund	raising Re	presentativ	e, or Lea	adership	PAC Sp	onsor
		FORNIA 2024							
Mailing Addre	ss   PO BO	X 30844							
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		SDA			MD I	20	824		
					L STATE ▲		ZIP		
Relationship:					-	_			
Co	onnected Organizat Identify by name,			it Fundraisin	ng Represent	ative	Leader	ship PAC	Spon
Co		on Affiliated Comr		It Fundraisin	ng Represent			ship PAC	Spons
Designated Agent:	Identify by name,	on Affiliated Comr		It Fundraisin	ng Represent	ative	Leader	ship PAC	Spons
Designated Agent:	Identify by name,	on Affiliated Comr		It Fundraisin	ng Represent		Leader	ship PAC	Spons
Designated Agent:	Identify by name,	on Affiliated Comr		It Fundraisin	g Represent			ship PAC	Spons
Designated Agent: Full Name	Identify by name,	on Affiliated Comr		It Fundraisin	g Represent			ship PAC	Spons
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		Participant:							
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Name of	Any Connected C	rganization, Affi	liated Committee, Joi	nt Fundraising	g Representativ	e, or Le	adership	PAC S	ponso
HOUC									
		PO BOX 441446	6						
Mai	iling Address								
		I INDIANAPOLIS					244		
							710		
		Organization	CITY A Affiliated Committee s (phone number – op	_	STATE ▲			P CODE	
	Connected ed Agent: Identify	Organization	Affiliated Committee	_					
<b>Designat</b> e Full N	Connected ed Agent: Identify	Organization	Affiliated Committee	_					
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g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	С
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	of Any Connected C CORMICK VICTOR	Drganization, Affiliated Committee, Joint Fundrais	sing Representativ	e, or Leadership PAC Sponsor
1	Mailing Address	PO BOX 183		
			WI	54016
F	Relationship:	CITY A	STATE	
	Connected	Organization Affiliated Committee X Joint Fu	undraising Represen	tative Leadership PAC Sponsor
		by name, address (phone number - optional)		
Ma	ailing Address			
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т	ITLE OR POSITION		STATE A	
			phone Number	
	or Other Depositori deposit boxes or main	ies: List all banks or other depositories in which the	e committee deposi	ts funds, holds accounts, rents
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	of Bank,			
Depus	itory, etc.			
	itory, etc.			
-	-			
-	-			

g) or (h).	Joint Fundraising	J Participant:	
1.			FEC ID number
2.			FEC ID number
3.			FEC ID number
4.			FEC ID number
			raising Representative, or Leadership PAC Sponso
	Mailing Address	PO BOX 120	
			NY   14031
	Relationship:		STATE ▲ ZIP CODE ▲
	Connected	Organization Affiliated Committee X Join	t Fundraising Representative
F	ull Name		
Ν	lailing Address		
-	TITLE OR POSITION		STATE ▲ ZIP CODE ▲
L		т	elephone Number
Bank	s or Other Depositori	ies: List all banks or other depositories in which	the committee deposits funds, holds accounts, rents
safety	/ deposit boxes or main	ntains funds.	
	e of Bank, sitory, etc.		
	Mailing Address		

		Participant:												
1.							FEC I	D numbei	r C	)				
2.							FEC I	D numbei	r C	)				
3.							FEC I	D numbei	r C	)				
4.							FEC I	D number	r C	)				
Name of	Any Connected C	Organization,	Affiliated	d Committ	ee, Joint	Fundrai	sing Re	presentat	ive, c	or Lea	adersh	nip P	AC Sp	onsor
CISCO		Y FUND												
Mai	ing Address	P.O. BOX 3	5103				1 1		1 1	1 1		I		
indi														
								AZ		857	740			
								STATE .	] •					
Rela	ationship:								-		-			
	Connected	Organization	-	CITY A ated Comm one numbe	-	-	undraisir	ng Represe	ntative	e	Lea	dersh	ip PAC	Spons
	Connected	-	-	ated Comm	-	-	undraisir	ng Represe		e [	Lea	dersh	ip PAC	Spons
<b>Designate</b> Full N	Connected	-	-	ated Comm	-	-	undraisir	ng Represe	ntative	e	Lea	dersh		Spons
<b>Designate</b> Full N	Connected	-	-	ated Comm	-	-	undraisir	ng Represe	ntative	e	Lea	.dersh		Sponsi
<b>Designate</b> Full N	Connected	-	-	ated Comm	-	-	undraisir	ng Represe	ntative	e	Lea	dersh		Sponse
<b>Designate</b> Full N Mailin	Connected	by name, add	-	ated Comm	-	-	undraisir	g Represe	ntative	e			ip PAC	Sponso
<b>Designate</b> Full N Mailin	Connected	by name, add	dress (ph	ated Comm one numbe	-	nal)	undraisir			e				Sponso

(g) or (h).	Joint Fundraising	Participant:			
1.				FEC ID number	С
2				FEC ID number	C
3				FEC ID number	C
4				FEC ID number	C
	e of Any Connected C HIP ROY VICTORY		Committee, Joint Fund	raising Representativ	e, or Leadership PAC Sponsor
	Mailing Address	6705 W. HWY 290 SU	ITE 50295		
					78735
	Relationship:			STATE	
	Connected	Organization Affilia	ted Committee X Join	t Fundraising Represent	tative Leadership PAC Sponse
. Desig	gnated Agent: Identify	by name, address (pho	ne number – optional)		
F	Full Name				
Ν	Aailing Address				
		1			
	TITLE OR POSITION 1				
L				STATE ▲	
Bank safet	<b>(s or Other Depositori</b> y deposit boxes or main e of Bank,	es: List all banks or oth	т	elephone Number	ZIP CODE ▲
Bank safet	<b>ts or Other Depositori</b> y deposit boxes or main	es: List all banks or oth	т	elephone Number	
Bank safet	<b>(s or Other Depositori</b> y deposit boxes or main e of Bank,	es: List all banks or oth	т	elephone Number	
Bank safet	<b>As or Other Depositori</b> y deposit boxes or main e of Bank, psitory, etc.	es: List all banks or oth	т	elephone Number	
Bank safet	<b>As or Other Depositori</b> y deposit boxes or main e of Bank, psitory, etc.	es: List all banks or oth	т	elephone Number	

. 1								
1. 🗌				FEC ID r	number	С		
2.				FEC ID r	number	С		
з.				FEC ID r	number	С		
4.				FEC ID r	number	С		
				-				
Name o	of Any Connected C	Organization, Affiliated	I Committee, Joint Fu	ndraising Repre	esentative	, or Lead	ership F	AC Spons
BAB		D						
М	ailing Address	1600 WEST LOOP S	STE 620					
		HOUSTON				7702	7	
R	elationship:			 S			ZIP C	
	Π		_	oint Fundraising F				nip PAC Spo
Designa	ated Agent: Identify		one number - optional)		·			
-								
Full	ated Agent: Identify				· 			
Full	ated Agent: Identify				· · · · ·			
Full	ated Agent: Identify							
Full Mail	ated Agent: Identify Name	by name, address (pho						 
Full Mail	ated Agent: Identify	by name, address (pho	one number – optional)		   ATE ▲			               -           DE ▲

-EC	Form	1S	(Revised	02/2017)
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	-	Participant:					
1.				FEC I	D number	С	
2.				FEC I	D number	С	
3.				FEC I	D number	С	
4.				FEC II	D number	С	
Name	of Any Connected (	Organization, Affil	iated Committee, Joint F	undraising Re	presentative	e, or Leaders	ship PAC Sponso
		-			-		
I	Mailing Address	P.O. BOX 1575					
		ROSWELL			GA	30077	
F	Relationship:		CITY A		STATE A		ZIP CODE
	Connected	Organization	Affiliated Committee	Joint Fundraisin	g Representa	ative Le	adership PAC Spor
Fu	II Name						
Ma	ailing Address						
TI	ITLE OR POSITION	L					□
T	ITLE OR POSITION	<pre>     L</pre>	1	Telephone N		z	□
т.	ITLE OR POSITION		1	Telephone N		z	IP CODE ▲
					Number		
Banks		ies: List all banks	1		Number		
Banks safety Name	or Other Depositor	ies: List all banks			Number		
Banks safety Name Deposi	s <b>or Other Depositor</b> deposit boxes or mai of Bank,	ies: List all banks			Number		
Banks safety Name Deposi	e or Other Depositor deposit boxes or mai of Bank, itory, etc.	ies: List all banks			Number		
Banks safety Name Deposi	e or Other Depositor deposit boxes or mai of Bank, itory, etc.	ies: List all banks			Number		

		Participant:							
1.				FEC	ID number	С			
2.				FEC	ID number	С			
3.				FEC	ID number	С			
4.				FEC	ID number	С			
Name of A	Any Connected C	Organization, Affil	iated Committee, Joint	Fundraising R	epresentativo	e, or Lea	dership	PAC Sp	onsor
	N BEAN TEAM								
Maili	ng Address	2640-A MITCHA	M DRIVE						
									1 1
		TALLAHASSEE		1	FL	323	308		
							ZIP		
Rela	tionship:					_			
	Connected	Organization	Affiliated Committee	X Joint Fundrais	ng Representa	ative	Leaders	ship PAC	Spons
	Connected				ng Representa	ative		ship PAC	Spons
Designate Full Na	Connected				ng Representa	ative	Leaders	ship PAC	Spons
Designate Full Na	Connected				ng Representa	ative	Leaders	ship PAC	Spons
Designate Full Na	Connected				ng Representa	ative	Leaders	ship PAC	Spons
<b>Designate</b> Full Na Mailing	Connected	by name, address			ng Representa	ative		ship PAC	Spons
<b>Designate</b> Full Na Mailing	Connected	by name, address	(phone number – optio			ative			Spons

1. 💷							FEC	ID nu	mber	С			_		
2.							FEC	ID nu	mber	С					
3.							FEC	ID nu	mber	С					
4.							FEC	ID nu	mber	С					
Name of A	ny Connected C	Organization,	Affiliated	I Commit	ee, Join	Fundra	aising F	Repres	entativ	e, or	Lead	dersh	ip P/	AC Sp	onso
											I			I	
		PO BOX 18	3												
Mailir	ng Address														
		I HUDSON							WI	l	540′	16		- [	
								ST				71			
				CITY  A ated Comn		_	Fundrais			ative				DDE 4 p PAC	C Spor
	Connected	-		ated Comn		_	Fundrais			ative					
<b>Designated</b> Full Na	Connected	-		ated Comn		_	Fundrais			ative					
<b>Designated</b> Full Na	Connected	-		ated Comn		_	Fundrais			ative					
<b>Designated</b> Full Na	Connected	-		ated Comn		_	Fundrais			ative					
<b>Designated</b> Full Na Mailing	Connected	by name, add	Iress (pho	ated Comn		_	Fundrais	sing Re	present:	ative					
<b>Designated</b> Full Na Mailing	Connected Agent: Identify me Address OR POSITION	by name, add	Iress (pho	ated Comn		nal)	Fundrais	sing Re	present:	ative					

EC F	Form	1S	(Revised	02/2017)
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5(g)	or(h). Joint Fundraisin	g Participant:		
	1		FEC ID number	С
	2.		FEC ID number	C
	3.		FEC ID number	С
	4.		FEC ID number	C
6.	-	Organization, Affiliated Committee, Joint Fundra	aising Representativ	re, or Leadership PAC Sponsor
	Mailing Address	P.O. BOX 183		
		$\lfloor \ , \ , \ , \ , \ , \ , \ , \ , \ , \ $		
	Relationship:		WI STATE ▲	54016 
	Connected	d Organization	Fundraising Represen	tative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number – optional)		
8.		<sup>7</sup> by name, address (phone number - optional)		
8.	Full Name	<pre>v by name, address (phone number - optional) </pre>		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name			
8.	Full Name		I I I I I I I I I I I I I I I I I I I	
	Full Name Mailing Address TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or ma Name of Bank,		lephone Number	
	Full Name          Mailing Address         TITLE OR POSITION            Banks or Other Deposito         safety deposit boxes or main         Name of Bank,         Depository, etc.	<pre></pre>	the committee deposit	– [ – [ – [] ts funds, holds accounts, rents
	Full Name Mailing Address TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or ma Name of Bank,		lephone Number	– [ – [ – [] ts funds, holds accounts, rents
8.	Full Name          Mailing Address         TITLE OR POSITION            Banks or Other Deposito         safety deposit boxes or main         Name of Bank,         Depository, etc.		the committee deposit	– [ – [ – [] ts funds, holds accounts, rents

(g) or (h).	Joint Fundraising	Participant:			
1.			FEC	ID number	С
2.			FEC	ID number	С
3.			FEC	ID number	C
4.			FEC	D number	С
. Name	of Any Connected C	rganization, Affiliated Committee	, Joint Fundraising	Representativ	e, or Leadership PAC Sponsor
		-			
	Mailing Address	PO BOX 30844			
					20824
	Relationship:	CITY A		STATE A	
. Desig	nated Agent: Identify	by name, address (phone number	- optional)		
	nated Agent: Identify	by name, address (phone number	– optional)		
Fu		by name, address (phone number	- optional)		
Fu	ull Name	by name, address (phone number	- optional)		
Fu	ull Name	by name, address (phone number	- optional)		
Fu	ull Name		- optional)		<pre></pre>
Fu	ull Name   <u>   </u>		<pre>- optional)</pre>		
Fu Ma T Banks safety Name	III Name	CITY A	Telephone	Number	
Fu Ma T Banks safety Name	ailing Address	CITY A	Telephone	Number	

1.				FEC	ID number	С		
2.				FEC	ID number	С		
3.				FEC	ID number	С		
4.				FEC	ID number	С		
-		-	iated Committee, Join	nt Fundraising I	Representativ	e, or Lead	dership F	AC Spons
		P FUND 2024						
Mailing Ad	ldress	320 1ST ST SE					1 1 1	
<b>J</b>								
	۱ ۱	WASHINGTON				2000	03	
Relationshi	ip:				STATE ▲			] - <u> </u>
Designated Age	Connected C		Affiliated Committee	X Joint Fundrai	sing Represent	ative	Leadersł	nip PAC Spo
Designated Age	_				sing Represent			nip PAC Spo
	ent: Identify b				sing Represent	ative		nip PAC Spo
Full Name	ent: Identify b				sing Represent	ative	Leaderst	
Full Name	ent: Identify b				sing Represent	ative		
Full Name Mailing Addre	ent: Identify by				sing Represent		Leaderst	
Full Name Mailing Addre	ent: Identify b		; (phone number – opt					

	oonit i anaraionig	Participant:								
1.					FEC ID nu	Imber	С			
2.					FEC ID nu	Imber	С			
3.					FEC ID nu	Imber	С			
4.					FEC ID nu	Imber	С			
Name o	of Any Connected (	Organization, Af	filiated Committee, Joi	int Fundrais	ing Repres	entative	or Lead	ership I	PAC Spons	sor
EMM	IER MAJORITY B	BUILDERS								
		824 S. MILLED	OGE AVE. STE. 101							
Ma	ailing Address									
							2000			
-						GA	3060			
Re	elationship:	_	CITY A	_	ST	ATE 🔺		ZIP C	CODE 🔺	
Full	Name									
Mail	ing Address									
Mail	ing Address									
Mail	ing Address									
	LE OR POSITION	<pre></pre>			STA					
	LE OR POSITION			Telep						
TIT	LE OR POSITION	ies: List all bank	CITY A		hone Numb	er			] – [	
TIT L Banks of safety de	Dr Other Depositori eposit boxes or mai	ies: List all bank			hone Numb	er			] – [	
TIT	Dr Other Depositori eposit boxes or mai	ies: List all bank	s or other depositories		hone Numb	deposits			] – [	
TIT Banks of safety de Name of Deposito	Dr Other Depositori eposit boxes or mai	ies: List all bank	s or other depositories	in which the	hone Numb	deposits			] – [	
TIT Banks of safety de Name of Deposito	DE OR POSITION	ies: List all bank	s or other depositories	in which the	hone Numb	deposits			] – [	
TIT Banks of safety de Name of Deposito	DE OR POSITION	ies: List all bank	s or other depositories	in which the	hone Numb	deposits			] – [	

or (h).	Joint Fundraising	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			
Name	e of Any Connected (	Drganization, Af	filiated Committe	e, Joint Fundr	aising Re	presentative	e, or Le	eadersh	ip PAC	Sponsor
G		Γ <b>Υ</b>								
		228 S. Washin	gton Street							
	Mailing Address	U Suite 115	<u> </u>							
		Alexandria				VA	2	2314		
	Relationship:		CITY 🔺			STATE 🔺		ZI	P CODE	
	Commonted					g Representa	ativo	1.000	Level in D	
Desig	gnated Agent: Identify	Organization by name, addre	Affiliated Commi		Fundraisin	g Representa		Lead	iersnip P	AC Spons
-			_		Fundraisin					
F	gnated Agent: Identify		_							
F	gnated Agent: Identify		_		Fundraisin					
F	gnated Agent: Identify		_		Fundraisir					
F	gnated Agent: Identify ull Name	by name, addre	_		Fundraisir	g Representa				
F	gnated Agent: Identify ull Name failing Address	by name, addre	ss (phone number	r – optional)						
F	gnated Agent: Identify ull Name failing Address	by name, addre	ss (phone number	r – optional)	Pundraisir					
F M	gnated Agent: Identify ull Name failing Address	by name, addre	ss (phone number	r – optional)		STATE				
F M 	gnated Agent: Identify ull Name failing Address TITLE OR POSITION	by name, addre	ss (phone number	r – optional)		STATE				
F M Bank safety	gnated Agent: Identify ull Name failing Address TITLE OR POSITION  s or Other Depositor / deposit boxes or mai	by name, addre	ss (phone number	r – optional)		STATE				
F M Bank safety Name	gnated Agent: Identify ull Name failing Address TITLE OR POSITION	by name, addre	ss (phone number	r – optional)		STATE				
F M Bank safety Name	gnated Agent: Identify ull Name failing Address TITLE OR POSITION  s or Other Depositor / deposit boxes or mai	by name, addre	ss (phone number	r – optional)		STATE				
F M Bank safety Name	gnated Agent: Identify ull Name failing Address TITLE OR POSITION  s or Other Depositor / deposit boxes or mai e of Bank, sitory, etc	by name, addre	ss (phone number	r – optional)		STATE				
F M Bank safety Name	gnated Agent: Identify ull Name failing Address TITLE OR POSITION  s or Other Depositor / deposit boxes or mai e of Bank, sitory, etc	by name, addre	ss (phone number	r – optional)		STATE				
F M Bank safety Name	gnated Agent: Identify ull Name failing Address TITLE OR POSITION  s or Other Depositor / deposit boxes or mai e of Bank, sitory, etc	by name, addre	ss (phone number	r – optional)		STATE		     s, holds		, , rents

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

) or (h).	Joint Fundraising	Participant:									
1.						FEC II	D number	С			
2.						FEC II	0 number	С			
3.						FEC II	D number	С			
4.						FEC II	0 number	С			
Name	of Any Connected (	Organization, Affi	liated Comm	ittee, Join	t Fundra	ising Re <sub>l</sub>	oresentativ	e, or Le	adership	PAC	Sponsor
TE											
		PO BOX 30844									
l	Mailing Address										
		BETHESDA					MD	20	824		
I	Relationship:		CITY	<b></b>			STATE 🔺		ZIP	CODE	<b>A</b>
	Connected	Organization	Affiliated Con	nmittee	× Joint F	undraisin	g Represent	ative	Leade	rship PA	AC Spons
Fu	III Name										
Ma	ailing Address										
		1				1				_	
_									ZIP C		
I	TILE OR POSITION	▼									
				1				1	1	1.1	
					Tele	ephone N	umber	·	-		
					Tele	ephone N	umber		-		
	s or Other Depositor		or other dep	ositories in				ts funds,	holds ad		, rents
safety	s or Other Depositor deposit boxes or mai		or other dep	uositories in				ts funds,	holds ad	– [	, rents
safety Name	s or Other Depositor		or other dep		ı which tł		ttee deposi	ts funds,	holds ad	ccounts	, rents
safety Name	s or Other Depositor deposit boxes or mai of Bank,		or other dep		ı which tł	ne commi	ttee deposi	ts funds,	holds ad	ccounts	, rents
safety Name	s or Other Depositor deposit boxes or mai of Bank, sitory, etc.		or other dep		which th	ne commi	ttee deposi	ts funds,	holds ad	ccounts	, rents
safety Name	s or Other Depositor deposit boxes or mai of Bank, sitory, etc.		or other dep		• which th	ne commi	ttee deposi	ts funds,	holds ad		, rents

STATE 🔺

ZIP CODE

1.		L     FE	C ID number	С		
2.		<u> </u>	C ID number	С		
3.		E	C ID number	С		
4.		<u> </u>	C ID number	С		
	d Organization, Affiliated Committe	ee, Joint Fundraising	Representative	e, or Leade	ership PAC	Sponsor
	FUND					
Mailing Address	PO BOX 30844					
	BETHESDA			20824	· · · · ·	
			STATE ▲			
Relationship:	CITY 🔺					
Connect	CITY A ed Organization Affiliated Comm	_	aising Represent	ative	_eadership F	PAC Spons
Connect	ed Organization	_		ative L	_eadership F	PAC Spons
Connect	ed Organization	_		ative <b>L</b> L	_eadership F	PAC Spons
Connect Connect Designated Agent: Ident Full Name	ed Organization	_		ative <b>L</b>	_eadership F	PAC Spons
Connect Connect Designated Agent: Ident Full Name	ed Organization	_		ative	_eadership F	PAC Spons
Connect	ed Organization Affiliated Comm	_			_eadership F	
Connect Connect Designated Agent: Ident Full Name	ed Organization Affiliated Comm	r – optional)	aising Represent			

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

STATE 🔺

1

ZIP CODE

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.	Name of Any Connected ( MARIO DIAZ-BALAR	-	d Committee, Joir	nt Fundrais	ing Representativ	ve, or Leaders	ship PAC Sponsor
	Mailing Address	2308 MOUNT VERN	ON AVE				
		SUITE 337					
						22301	
	Relationship:		CITY A		STATE	<u> </u>	
	Connected	Organization Affili	iated Committee	× Joint Fu	ndraising Represen	tative Le	eadership PAC Sponse
8.	Designated Agent: Identify	by name, address (ph	ione number – opt	ional)			
	Full Name						
	Mailing Address						
	TITLE OR POSITION	•	CITY A		STATE A	Z	
				Telep	hone Number		
9.	Banks or Other Depositor safety deposit boxes or main Name of Bank,		ther depositories in	n which the	committee depos	its funds, hold	s accounts, rents
	Depository, etc.						
	Mailing Address						

1