06/19/2024 10 : 51

(Revised 06/2012)

Only

STATEMENT OF

PAGE 1 / 15 =

| FEC FORM 1 | | 0 | RGA | NIZA | ATIO | N | | | | | | | | | | | | |
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| | | | | | | | | | _ | | | (| Office | Use | Only | | | |
| NAME OF COMMITTEE (ir | n full) | | (Check if na s changed) | | | ole:If typ ne lines. | | pe | 1 | 2FE | 34 M | 5 | _ | _ | | | | |
| Sam Brown | for Nev | /ada | | | | | | | | | | | | | | | | |
| | 1 1 1 1 | | | | 1 1 1 | 1 1 | 1 1 | l I | | ı | l I | ı | 1 1 | ı | 1 1 | ı | 1 1 | ı |
| ADDRESS (number a | | PO Box | 750844 | | | | | | | | | | | | | | | |
| (Check if a | address | | | | | | | | | | | | | | | | | |
| is changed | d) | Las Veg | as | | | | | | | ٧V | | 189 | 9136 | | | | | |
| | | | ITY 🛦 | | | | | | L | TATE | <u> </u> | | | | ⊥ ZIP | | DE 🛦 | |
| COMMITTEE'S E-MA | AIL ADDRE | SS | | | | | | | | | | | | | | | | |
| (Check if a | | | @incomplia | ance.net | | | | | | | | | | | | | | |
| is changed | d) | | | | | | | | | | | | | | | | | |
| | | Optional | Second E- | -ман Add | ress | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| COMMITTEE'S WEB | PAGE AD | DRESS (U | RI) | | | | | | | | | | | | | | | |
| (Check if a | address | , | vnfornevada. | .com | | 1 1 | | | 1 1 | 1 | | 1 | | | | 1 | | 1 |
| is changed | d) | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| 2. DATE 0 | | | y y y 2024 | | | | | | | | | | | | | | | |
| 3. FEC IDENTIFIC | CATION N | JMBER) | • | C co | 0845032 | | | | | | | | | | | | | |
| 4. IS THIS STATEM | MENT | NEW | (N) | OR | × | AME | NDED | (A) | | | | | | | | | | |
| I certify that I have e | examined th | nis Stateme | ent and to t | the best of | of my kn | owledge | and be | elief it | is tr | ue, c | orre | ct an | ıd co | mple | ete. | | | |
| Type or Print Name | of Treasure | r <u>Hastie,</u> | Chrissie, , , | | | | | | | | | | | | | | | |
| Signature of Treasure | er H <u>asti</u> | e, Chrissie, | , , | | | | | _ | Date | Э | 0 | 6 6 | / | 19 | / | Y | 2024 | |
| NOTE: Submission of | false, erron | | omplete info | | | | | | | | | | e per | naltie | s of | 52 L | J.S.C. | §301 |
| Office Use | | | | | | or furthe ederal Ele | | | | t: | | | | EC Boyis | _ | | | |

Toll Free 800-424-9530

Local 202-694-1100

| EC Form 1 (Revised 03/2022) | Page 2 |
|--|--|
| TYPE OF COMMITTEE: | |
| Candidate Committee: | |
| (a) X This committee is a principal campaign committee. (Complete the car | ndidate information below.) |
| (b) This committee is an authorized committee, and is NOT a principal conformation below.) | campaign committee. (Complete the candidate |
| Name of Candidate Brown, Sam, , , | |
| Candidate Party Affiliation REP Office Sought: House | Senate President State NV District 00 |
| (c) This committee supports/opposes only one candidate, and is NOT ar | n authorized committee. |
| Name of Candidate | |
| Party Committee: | |
| (d) This committee is a (National, State or subordinate) committee of the | (Democratic, ne Republican, etc.) Party |
| Political Action Committee (PAC): | |
| (e) This committee is a separate segregated fund. (Identify connected or | ganization on line 6.) Its connected organization is a |
| Corporation Corporation w/o Capi | tal Stock Labor Organization |
| Membership Organization Trade Association | Cooperative |
| In addition, this committee is a Lobbyist/Registrant PAC. | |
| (f) This committee supports/opposes more than one Federal candidate, committee. (i.e., nonconnected committee) | and is NOT a separate segregated fund or party |
| In addition, this committee is a Lobbyist/Registrant PAC. | |
| In addition, this committee is a Leadership PAC. (Identify sp | ponsor on line 6.) |
| (g) This committee is an independent expenditure-only political committee | e (Super PAC). |
| In addition, this committee is a Lobbyist/Registrant PAC. | . (|
| | n-contribution accounts (Hybrid PAC) |
| □ <u>-</u> | Treomination accounts (Hybrid PAC). |
| In addition, this committee is a Lobbyist/Registrant PAC. | |
| Joint Fundraising Representative: | |
| (i) This committee collects contributions, pays fundraising expenses and committees/organizations, at least one of which is an authorized committee. | · |
| (j) This committee collects contributions, pays fundraising expenses and committees/organizations, none of which is an authorized committee | · |
| Committees Participating in Joint Fundraiser | |
| 1 | C |

С

| I | FEC Form 1 (Revised 0 | 2/2009) | | | l Page 3 |
|----|--|--|-----------------------------|----------------------|-----------------------|
| ٧ | Vrite or Type Committee Name | | | | |
| | Sam Brown for N | levada | | | |
| 6. | Name of Any Connected Or | rganization, Affiliated Committee, | Joint Fundraising Repr | esentative, or Lea | dership PAC Sponsor |
| | MAJORITY MAKERS | FUND | | | |
| | | | | | |
| | | | | | |
| | Mailing Address | 421 OFFICE PARK DR | | | |
| | | | | | |
| | | MOUNTAIN BROOK | | AL 1 352 | 223 |
| | | | | | |
| | _ | CITY ▲ | _ | STATE ▲ | ZIP CODE ▲ |
| | Relationship: Connected | Organization Affiliated Organizati | on X Joint Fundraising | g Representative | Leadership PAC Sponso |
| | | | | | |
| 7. | Custodian of Records: Identi books and records. | fy by name, address (phone number | optional) and position o | of the person in pos | session of committee |
| | Hastie, Chr | issie | | | |
| | Full Name | | | | |
| | Mailing Address | 3275 N Fort Apache #150 | | | |
| | Ç | | | | |
| | | Las Vegas | | NV , 891 | 120 |
| | | Las vegas | | NV 891 | 129 |
| | | CITY ▲ | | STATE ▲ | ZIP CODE ▲ |
| | Title or Position ▼ | | | | |
| | Treasurer | | Telephone nun | nber 702 | 5559 |
| | | | | | |
| 8. | Treasurer: List the name and any designated agent (e.g., a | d address (phone number optionalssistant treasurer). | al) of the treasurer of the | e committee; and th | e name and address of |
| | Full Name Hastie, Chr | issie, , , | | | |
| | of Treasurer | 0075 N Fact Aracks #450 | | | |
| | Mailing Address | 3275 N Fort Apache #150 | | | |
| | | | | | |
| | | Las Vegas | | NV 891 | 129 |
| | | CITY ▲ | | STATE ▲ | ZIP CODE ▲ |
| | Title or Position ▼ | 5111 2 | | J | |
| | Treasurer | | Telephone nun | 702 nber | _ |

| FEC Form | 1 (Revised 02/2009) | Page 4 |
|-------------------------------------|--|------------------------------------|
| Full Name of Designated Agent | | |
| Mailing Address | | |
| | | |
| | | |
| Title or Position | CITY ▲ STAT | E ▲ ZIP CODE ▲ |
| | Telephone number | |
| | r Depositories: List all banks or other depositories in which the committee depoxes or maintains funds. | osits funds, holds accounts, rents |
| Name of Bank, | Depository, etc. | |
| | Bank of Nevada | |
| Mailing Address | 8505 Centennial Pkwy | |
| | | |
| | Las Vegas | / 89149 |
| | CITY ▲ STATI | E ▲ ZIP CODE ▲ |
| Name of Bank, | Depository, etc. | |
| | ChainBridge Bank | |
| Mailing Address | 1445A Laughlin Ave | |
| | | |
| | McLean VA | 22101 |
| | CITY ▲ STATE | E ▲ ZIP CODE ▲ |

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| Page | of | . • | |

| (h). Joint Fundrais | | | |
|--|---|---|---|
| 1. | | FEC ID number | С |
| 2. | | FEC ID number | С |
| 3. | | FEC ID number | С |
| 4. | | FEC ID number | C |
| | | | |
| SAM BROWN VICT | d Organization, Affiliated Committee, Joint Fu | Indraising Representativ | e, or Leadership PAC Spons |
| | | | |
| Mailing Address | PO BOX 751271 | | |
| | | | |
| | LAS VEGAS | , , , , , , , , NV , | 89136 |
| Relationship: | CITY 🛦 | STATE ▲ | ZIP CODE ▲ |
| | fy by name, address (phone number – optional | Joint Fundraising Represent | ative Leadership PAC Spo |
| | | | ative Leadership PAC Spo |
| esignated Agent: Ident | | | ative Leadership PAC Spo |
| Pesignated Agent: Ident | | | ative Leadership PAC Spo |
| Pesignated Agent: Ident | | | ative Leadership PAC Spo |
| Pesignated Agent: Ident | fy by name, address (phone number – optional | | Leadership PAC Spo |
| Pesignated Agent: Ident Full Name Mailing Address TITLE OR POSITION | fy by name, address (phone number – optional | | |
| Full Name Mailing Address TITLE OR POSITION Canks or Other Deposite afety deposit boxes or necessity. | fy by name, address (phone number – optional CITY A CITY A ories: List all banks or other depositories in what intains funds. | STATE A Telephone Number | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION Canks or Other Deposite afety deposit boxes or necessite and the second se | fy by name, address (phone number – optional CITY A CITY A ories: List all banks or other depositories in what intains funds. | STATE A Telephone Number | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION Canks or Other Deposite afety deposit boxes or not be boxes or not be boxes. Middle of Bank, be boxed on the boxes or not be boxes. | fy by name, address (phone number – optional CITY A CITY A ories: List all banks or other depositories in what naintains funds. etown Bank 24 W Main Street | STATE A Telephone Number iich the committee deposit | ZIP CODE ZIP code st funds, holds accounts, rents |
| Full Name Mailing Address TITLE OR POSITION Canks or Other Deposite afety deposit boxes or not be boxes or not be boxes. Middle of Bank, be boxed on the boxes or not be boxes. | fy by name, address (phone number – optional CITY A CITY A ories: List all banks or other depositories in what intains funds. | STATE A Telephone Number | ZIP CODE A |

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

| (h). Joint Fundraisi | ng 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 | d Organization, Affiliated Committee, Joint Fun | draising Representativ | e or Leadershin PAC Snons |
| SAM BROWN VICT | | | L, or Ecadership FAO opons |
| | | | |
| Mailing Address | 3275 N FORT APACHE #150 | | |
| | | | |
| | LAS VEGAS | NV NV | 89129 |
| Relationship: | CITY A | STATE ▲ | ZIP CODE ▲ |
| Connect | | int Fundraising Represent | ative Leadership PAC Spo |
| Connect Designated Agent: Ident Full Name | ed Organization Affiliated Committee X Jo | int Fundraising Represent | ative Leadership PAC Spo |
| Connect Designated Agent: Ident | ed Organization Affiliated Committee X Jo | int Fundraising Represent | ative Leadership PAC Spo |
| Connect Designated Agent: Ident Full Name | ed Organization Affiliated Committee X Jo | int Fundraising Represent | ative Leadership PAC Spo |
| Connect Designated Agent: Ident Full Name | ed Organization Affiliated Committee X Jo | | |
| Connect Designated Agent: Ident Full Name | ed Organization Affiliated Committee X Jo | int Fundraising Represent | Leadership PAC Spo |
| Connect Designated Agent: Ident Full Name Mailing Address TITLE OR POSITION | ed Organization | | |
| Connect Designated Agent: Ident Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite tafety deposit boxes or necessity. | ed Organization | STATE A Telephone Number | ZIP CODE A |
| Connect Designated Agent: Ident Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit afety deposit boxes or no part of Bank, Depository, etc. | Affiliated Committee X Journal | STATE A Telephone Number | ZIP CODE A |

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 | C |
| 2. | | | FEC ID | number | C |
| 3. | | | FEC ID | number | C |
| 4. | | | FEC ID | number | C |
| | of Any Connected C | Organization, Affiliated Committee, Joi | nt Fundraising Repr | esentative | , or Leadership PAC Sponsor |
| | | | | | |
| 1 | Mailing Address | 3275 NORTH FORT APACHE ROAD | | | |
| | | 150 | | | |
| | | LAS VEGAS | I | NV | 89129 |
| F | Relationship: | CITY A | | STATE A | ZIP CODE ▲ |
| | Connected | Organization Affiliated Committee | X Joint Fundraising | Representa | ive Leadership PAC Sponsor |
| 8. Desig r | nated Agent: Identify | by name, address (phone number - opi | tional) | | |
| Ful | II Name | | | | |
| Ма | ailing Address | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| TI | ITLE OR POSITION | ▼ CITY ▲ | S. | TATE A | ZIP CODE ▲ |
| TI | ITLE OR POSITION | CITY A | S' Telephone Nur | | ZIP CODE ▲ |
| 9. Banks safety | | ies: List all banks or other depositories | Telephone Nui | mber | |
| 9. Banks safety Name Deposi | or Other Depositori deposit boxes or main | ies: List all banks or other depositories | Telephone Nui | mber | |
| 9. Banks safety Name Deposi | or Other Depositori deposit boxes or main of Bank, itory, etc. | ies: List all banks or other depositories | Telephone Nui | mber | |
| 9. Banks safety Name Deposi | or Other Depositori deposit boxes or main of Bank, itory, etc. | ies: List all banks or other depositories | Telephone Nur | mber | |

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 | C |
| 2. | | | FEC ID number | С |
| 3. | | | FEC ID number | С |
| 4. | | | FEC ID number | С |
| 6. Name | of Any Connected O | organization, Affiliated Committee, Joint Fundra | isina Banrasantativ | or Leadership PAC Sponsor |
| | CLAIM THE MAJOF | | ising nepresentative | e, or Leadership PAC Sponsor |
| | | | | |
| | | | | |
| | Mailing Address | 421 Office Park Dr | | |
| | | | | |
| | | Mountain Brook | AL | 35223 |
| | Relationship: | CITY A | STATE A | ZIP CODE ▲ |
| | Connected | Organization Affiliated Committee X Joint F | Fundraising Represent | ative Leadership PAC Sponsor |
| 8. Desig | nated Agent: Identify I | by name, address (phone number - optional) | | |
| Fu | ıll Name | | | |
| М | ailing Address | | | |
| | | | | |
| | | 1 | | I I-I I |
| Т | TITLE OR POSITION \ | CITY A | STATE ▲ | ZIP CODE ▲ |
| L | | | ephone Number | - - |
| | | | ephone Number | |
| | | | ephone Number | |
| | s or Other Depositorio | es: List all banks or other depositories in which thatains funds. | | s funds, holds accounts, rents |
| safety | deposit boxes or mair | | | s funds, holds accounts, rents |
| safety Name | | | ne committee deposit | 1 |
| safety Name | deposit boxes or main of Bank, | ntains funds. | ne committee deposit | 1 |
| safety Name | of Bank, sitory, etc. | ntains funds. | ne committee deposit | 1 |
| safety Name | of Bank, sitory, etc. | ntains funds. | ne committee deposit | 1 |

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| h). Joint Fundrais | ing randipanti | | |
|---|--|--|----------------------------|
| 1. | | FEC ID number | С |
| 2. | | FEC ID number | C |
| 3. | | FEC ID number | C |
| 4. | | FEC ID number | С |
| _ | d Organization, Affiliated Committee, Joint Fur | ndraising Representativ | e, or Leadership PAC Spons |
| 2024 REPUBLICAN | SENATE VICTORY | | |
| | | | |
| Mailing Address | 228 S. WASHINGTON STREET | | |
| | SUITE 115 | | |
| | ALEXANDRIA | VA | 22314 |
| Relationship: | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| Connect | ed Organization Affiliated Committee X Joint Indiana Affiliated Committee Indi | oint Fundraising Represent | ative Leadership PAC Sp |
| Connect | | oint Fundraising Represent | ative Leadership PAC Sp |
| Connect esignated Agent: Ident | | pint Fundraising Represent | ative Leadership PAC Sp |
| esignated Agent: Ident | | pint Fundraising Represent | ative Leadership PAC Sp |
| esignated Agent: Ident | | pint Fundraising Represent | ative Leadership PAC Sp |
| esignated Agent: Ident | ify by name, address (phone number – optional) | sint Fundraising Represent | Leadership PAC Sp |
| esignated Agent: Ident Full Name Mailing Address TITLE OR POSITIO | ify by name, address (phone number – optional) | | |
| esignated Agent: Ident Full Name Mailing Address TITLE OR POSITIO | ify by name, address (phone number – optional) CITY CITY cories: List all banks or other depositories in which an aintains funds. | STATE A Telephone Number | ZIP CODE A |
| esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or name of Bank, epository, etc. | ify by name, address (phone number – optional) CITY CITY cories: List all banks or other depositories in which an aintains funds. | STATE Telephone Number ch the committee deposit | ZIP CODE A |

| Page | of | 15 |
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| i aye | O. | |

| | ng Participant: | | |
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| 1. | | FEC ID number | С |
| 2. | | FEC ID number | С |
| 3 | | FEC ID number | C |
| 4 | | FEC ID number | C |
| | | | |
| Name of Any Connected | I Organization, Affiliated Committee, Joint F | undraising Representati | ve, or Leadership PAC Spons |
| SENATE PATH TO | VICTORY 2024 | <u> </u> | |
| | | | |
| Mailing Address | 421 OFFICE PARK DR | | |
| | | | |
| | BIRMINGHAM | AL | 35223 |
| Relationship: | CITY ▲ | STATE 4 | ZIP CODE ▲ |
| | | | |
| Designated Agent: Identi | fy by name, address (phone number – optiona | al) | |
| Designated Agent: Identi | fy by name, address (phone number – optiona | al) | |
| | fy by name, address (phone number – optiona | al) | |
| Full Name | fy by name, address (phone number – optiona | al) | |
| Full Name | fy by name, address (phone number – optiona | al) | |
| Full Name | CITY A | STATE A | ZIP CODE A |
| Full Name | CITY A | | ZIP CODE A |
| Full Name | CITY A | STATE A | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION Banks or Other Deposition of the property of th | CITY ▲ CITY ▲ pries: List all banks or other depositories in w | STATE A Telephone Number | |
| Full Name | CITY ▲ CITY ▲ pries: List all banks or other depositories in w | STATE A Telephone Number | |
| Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite the safety deposit boxes or make the safety deposit boxes or | CITY ▲ CITY ▲ pries: List all banks or other depositories in w | STATE A Telephone Number | |
| Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or make the safety deposit boxes or make the safety depository, etc. | CITY ▲ CITY ▲ pries: List all banks or other depositories in w | STATE A Telephone Number | |
| Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or make the safety deposit boxes or make the safety depository, etc. | CITY ▲ CITY ▲ pries: List all banks or other depositories in w | STATE A Telephone Number | |

| Page | of | 15 |
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| raue | OI. | |

| 1 | | FEC ID number | С |
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| 2 | | FEC ID number | С |
| 3. | | FEC ID number | С |
| 4. | | FEC ID number | С |
| | | | |
| _ | cted Organization, Affiliated Committee, Joint F | Fundraising Representation | ve, or Leadership PAC Spons |
| 2024 SENATORS | S CLASSIC COMMITTEE | | |
| | | | |
| Mailing Address | 228 S. WASHINGTON STREET | | |
| , and the second | SUITE 115 | | |
| | ALEXANDRIA | , VA | 22314 |
| Relationship: | CITY A | STATE A | ZIP CODE ▲ |
| esignated Agent: Ide | entify by name, address (phone number - option | al) | |
| Full Name | entify by name, address (phone number – option | al) | |
| | entify by name, address (phone number – option | al) | |
| Full Name | entify by name, address (phone number – option | al) | |
| Full Name | entify by name, address (phone number – option | al) | |
| Full Name | CITY | al) STATE | ZIP CODE A |

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 |
| 3. 🗆 | | | FEC ID number | С |
| 4 | | | FEC ID number | С |
| | - | rganization, Affiliated Committee, Joint Fundra | ising Representative | e, or Leadership PAC Sponsor |
| | | | | |
| M | ailing Address | 228 S. WASHINGTON STREET | | |
| ••• | aming / taarooc | SUITE 115 | | |
| | | ALEXANDRIA | VA | 22314 |
| R | elationship: | CITY A | STATE ▲ | ZIP CODE ▲ |
| | Connected (| Organization Affiliated Committee X Joint | Fundraising Representa | ative Leadership PAC Sponsor |
| 8. Designa | ated Agent: Identify b | by name, address (phone number - optional) | | |
| Full | Name | | | |
| Mai | ling Address | | | |
| | | | | |
| | | | | |
| TIT | LE OR POSITION V | , CITY A | STATE ▲ | ZIP CODE ▲ |
| L | | Tel | ephone Number | |
| | leposit boxes or main of Bank, | es: List all banks or other depositories in which that tains funds. | | ı |
| | | | | |
| | Mailing Address | | | |
| | Mailing Address | | | |

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

| 1 | | | | | | |
|------------------|--------------------|-----------------------|----------------------|-------------------|-------------|---------------------------|
| 1 | | | | FEC ID | number | С |
| 2 | | | | FEC ID | number | С |
| 3. | | | | FEC ID | number | С |
| 4. | 1 1 1 1 1 1 | | | FEC ID | number | С |
| lame of | Any Connected | Organization, Affilia | ted Committee, Joint | Fundraising Rep | resentative | e, or Leadership PAC Spon |
| BROV | VN FOR NV SE | NATE REPUBLICA | AN NOMINEE FUND | 2024 | | |
| | | | | | | |
| Mai | iling Address | PO BOX 9891 | | | | |
| | | | | | | |
| | | ARLINGTON | | | Ŭ VA ☐ | 22219 |
| Rela | ationship: | | CITY A | | STATE A | ZIP CODE ▲ |
| esignate | | | ffiliated Committee | Joint Fundraising | Representa | Leadership PAC Sp |
| esignat e | ed Agent: Identify | | | | Representa | Leadership PAC Sp |
| Full N | ed Agent: Identify | | | | Representa | Leadership PAC S |
| Full N | ed Agent: Identify | | | | Representa | Leadership PAC S |
| Full N | ed Agent: Identify | | | | Representa | Leadership PAC S |
| Full N | ed Agent: Identify | by name, address (| | nal) | Representa | Leadership PAC Sp |

| Page | of | 15 | |
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| Connected O | | ted Committee, Joint | FEC IC | number (number (number (| C C C C C C C C C C C C C C C C C C C |
|-------------|--|---|--|---|--|
| /ICTORY CO | OMMITTEE | ted Committee, Joint | FEC IC | number (| C C |
| /ICTORY CO | OMMITTEE | ted Committee, Joint | FEC IC | number (| C |
| /ICTORY CO | OMMITTEE | ted Committee, Joint | | | |
| /ICTORY CO | OMMITTEE | ted Committee, Joint | Fundraising Rep | resentative, | or Leadership PAC Spon |
| /ICTORY CO | OMMITTEE | ted Committee, Joint | Fundraising Rep | presentative, | or Leadership PAC Spon |
| | | | | | |
| ddress | PO Box 13026 | | | | |
| ddress | PO Box 13026 | | | | |
| ddress | <u> </u> | | | | |
| | I | | | | |
| | | | | | |
| | Austin | | | L | 78711 |
| hip: | | CITY A | | STATE ▲ | ZIP CODE ▲ |
| | | | | | |
| lress | | | | | |
| | | | | | |
| | | | | | |
| POSITION ▼ | | CITY A | ; | STATE A | ZIP CODE ▲ |
| | | | Telephone N | umber | |
| | ent: Identify b | Connected Organization A ent: Identify by name, address (| Connected Organization Affiliated Committee ent: Identify by name, address (phone number – option dress CITY CITY | Connected Organization Affiliated Committee X Joint Fundraising ent: Identify by name, address (phone number – optional) dress CITY ▲ | Connected Organization Affiliated Committee X Joint Fundraising Representativent: Identify by name, address (phone number – optional) Affiliated Committee X Joint Fundraising Representativent: Identify by name, address (phone number – optional) CITY ▲ STATE ▲ |

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|------|----|-----|--|
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| (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 |
| | | _ | |
| - | d Organization, Affiliated Committee, Joint Fo | undraising Representative | e, or Leadership PAC Spons |
| TILLIS AND COLLE | EAGUES VICTORY COMMITTEE | | |
| | | | |
| Mailing Address | 228 S. WASHINGTON STREET | | |
| | | | |
| | ALEXANDRIA | VA | 22314 |
| Relationship: | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| Designated Agent: Ident | tify by name, address (phone number - optiona | 1) | |
| Mailing Address | 1 | | |
| Mailing Address | | | |
| | T. Control of the Con | | |
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| TITLE OR POSITIO | N ▼ CITY ▲ | STATE A | ZIP CODE A |
| 1 | N ▼ | STATE Telephone Number | ZIP CODE A |
| 1 | N ¥ | | ZIP CODE A |
| | tories: List all banks or other depositories in whether the state of | Telephone Number | |
| Banks or Other Deposit safety deposit boxes or n | tories: List all banks or other depositories in whether the state of | Telephone Number | |
| Banks or Other Deposit | tories: List all banks or other depositories in wl | Telephone Number | s funds, holds accounts, rents |
| Banks or Other Deposit safety deposit boxes or n | tories: List all banks or other depositories in wl | Telephone Number | s funds, holds accounts, rents |
| Banks or Other Deposit safety deposit boxes or not be be because of Bank, Depository, etc. | tories: List all banks or other depositories in wl maintains funds. | Telephone Number | s funds, holds accounts, rents |
| Banks or Other Deposit safety deposit boxes or not be be because of Bank, Depository, etc. | tories: List all banks or other depositories in wl maintains funds. | Telephone Number | s funds, holds accounts, rents |