(Revised 06/2012)

Only

# STATEMENT OF

PAGE 1 / 11 =

FORM 1		O	RGAN	IIZA	TIC	N												
1. NAME OF COMMITTEE (in	n full)		Check if name changed)	ne		nple:If ty	-	ype	1	2F]	E4M		Office	Use C	only			
Adrian Smith	for Co	ongress	<b>S</b>	1 1	1 1	1 1 1	1 1	1 1	1 1	ı	1 1	ı	1 1	1 1		1 1	ı	, I
ADDRESS (number a	nd street)	1126 Ave	nue A															
(Check if a is changed	address	Ste 6																
is changed	1)	Scottsblu	ff 							NE TATE		69	9361-		  ZIP (	CODE		
COMMITTEE'S E-MA	AIL ADDRE																	
(Check if a is changed		committe	ee@joinadria	n.com														
		Optional S	Second E-Ma	ail Addre	ess													
COMMITTEE'S WEB	PAGE AD	DRESS (UF	RL)															
2. DATE 12			y y y 2023															
3. FEC IDENTIFIC	CATION N	UMBER ▶	C	C004	412890													
4. IS THIS STATEN	MENT	NEW	(N) O	R	×	AM	ENDED	) (A)										
I certify that I have e	examined th	nis Statemer	nt and to the	best of	my kr	nowledg	e and	belief	it is t	rue,	corre	ct an	ıd co	mplet	œ.			
Type or Print Name of	of Treasure	r Leggott,	Laura, , ,															
Signature of Treasure	er L <u>eg</u> g	ott, Laura, , ,							Da	te		12	/	07	/		023	■ Y
NOTE: Submission of	false, erron		mplete inform										e per	alties	of 5	52 U.S	S.C. §	30109.
Office Use						For furth	er infori	nation	conta							RM	_	<del></del> ,

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 candidate information below.)	
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	e candidate
Name of Candidate Smith, Adrian, , ,	
Candidate Party Affiliation REP Office Sought: X House Senate President	State NE  District 03
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the Republican,	
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:
Corporation Corporation w/o Capital Stock Labor O	rganization
Membership Organization Trade Association Coopera	tive
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	I fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PA	C).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
Committees Participating in Joint Fundraiser	
1 C	

•	FEC Form 1 (Revised 0	2/2009)	Page <b>3</b>
٧	Vrite or Type Committee Name		
	Adrian Smith for	· ·	
6.	-	rganization, Affiliated Committee, Joint Fundraising Representative, or Lead	lership PAC Sponsor
	Adrian Smith Victory	Fund (2022) 	
	Mailing Address	228 S Washington St	
		Ste 115	
		Alexandria VA 223	14-5404
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Representative	Leadership PAC Sponso
			_
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number optional) and position of the person in poss	ession of committee
	Leggott, La	ura, , ,	
	Full Name		
	Mailing Address	160947 County Road 29	
		I	
		Gering NE 6934	41-5809
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼	STATE A	ZIF CODE =
	Custodian of Records		220 3211
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	name and address of
	Full Name Leggott, La	ura, , ,	
	of Treasurer	160947 County Road 29	
	Mailing Address	1000+7 County (10au 25	
		Gering NE 6934	41-5809
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	220 - 3211

FEC Form	I (Revised 02/2009)		Page <b>4</b>
Full Name of Designated Agent	Leggott, Laura, , ,		
Mailing Address	160947 County Road 29		
	Gering	NE 6	9341-5809
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
Treasurer		phone number 308	
Banks or Other safety deposit bo	<b>Depositories:</b> List all banks or other depositories in which the exes or maintains funds.	committee deposits funds,	holds accounts, rents
Name of Bank, [	Depository, etc.		
	Platte Valley Bank		
Mailing Address	1212 Circle Drive		
	Scottsbluff	NE 69	0361
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, [	Depository, etc.		
	First National Bank of Omaha		
Mailing Address	201 North Dewey St		
	North Platte	NE 69	101
	CITY ▲	STATE ▲	ZIP CODE ▲

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h). <b>Joint Fundraisi</b>	ig Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spons
Mailing Address			
Relationship:	CITY ▲	STATE A	ZIP CODE A
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Connecte	d Organization Affiliated Committee J	oint Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif			ative Leadership PAC Sp
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esignated Agent: Identif	y by name, address (phone number – optional		Leadership PAC Sp
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION	y by name, address (phone number – optional		
esignated Agent: Identification Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite dafety deposit boxes or mame of Bank, Nebrat	y by name, address (phone number – optional  CITY   CITY   pries: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	y by name, address (phone number – optional CITY A  CITY A  pries: List all banks or other depositories in whaintains funds.  SkaLand Bank  1400 S Dewey	STATE A Telephone Number	ZIP CODE A

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h). <b>Joint Fundraisi</b>	ig Participant.				
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esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	y by name, address	(phone number – option	al)  Telephone N	STATE A umber	
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management.	by by name, address	(phone number – option	al)  Telephone N	STATE A umber	ZIP CODE A
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(h). <b>Joint Fundrais</b>	mg rantopanti		
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Full Name Mailing Address  TITLE OR POSITIO	tify by name, address (phone number – optional)  CITY   tories: List all banks or other depositories in which the state of	STATE A Telephone Number	ZIP CODE A
Full Name  Full Name  Mailing Address  TITLE OR POSITIO  anks or Other Depositatety deposit boxes or responsitions, etc.	tify by name, address (phone number – optional)  CITY ▲  CITY ▲  tories: List all banks or other depositories in white maintains funds.	STATE A Telephone Number	ZIP CODE A

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Name of Any Connected	Organization, Affiliated Commi	ittee, Joint Fundraising	Representative	e, or Leadership PAC Spons
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esignated Agent: Ident	ted Organization Affiliated Committee Joint Join	oint Fundraising Represent	ative Leadership PAC Sp
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Full Name  Mailing Address  TITLE OR POSITIO  anks or Other Depositatety deposit boxes or related to the position of Bank, epository, etc.	tify by name, address (phone number – optional)  CITY   CITY   tories: List all banks or other depositories in whimaintains funds.  Bridge Bank	STATE A Telephone Number	ZIP CODE A