Image# 202404159632629333				PAGE 1 / 12
FEC FORM 1	STATEME ORGANIZ			
				Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
ASHLEY HINSON	FOR CONGRESS	6		
ADDRESS (number and street)	PO BOX 811			
(Check if address				
is changed)	MARION		IA _.	52302
	CITY A		STATE ▲	ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	SS			
(Check if address is changed)	COMPLIANCE@RIGHTSI			
U ,	Optional Second E-Mail Ad	ldress		
(Check if address is changed)				
2. DATE 04 / 1				
	UMBER 🕨 🕻 C	:00706267		
_				
. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)	
certify that I have examined th	his Statement and to the best	t of my knowledge and belie	ef it is true, correct	and complete.
ype or Print Name of Treasure				
yes of this Name of neasure	F HOBBS, CABELL, , ,			
Signature of Treasurer HOB	BS, CABELL, , ,		Date 04	15 / Y Y Y Y Y 2024
NOTE: Submission of false, erron		may subject the person signi TION SHOULD BE REPORT	-	the penalties of 52 U.S.C. §3010
Office Use Only		For further informatic Federal Election Comm Toll Free 800-424-9530 Local 202-694-1100	on contact: nission	FEC FORM 1 (Revised 06/2012)

04/15/2024 17:04

	1 (Revised 03/2022)	Page 2
TYPE C	OF COMMITTEE:	
Candic	idate Committee:	
(a) 🗙	This committee is a principal campaign committee. (Complete the	ne candidate information below.)
(b)	This committee is an authorized committee, and is NOT a princ information below.)	sipal campaign committee. (Complete the candidate
Name Candi		
Candi	didate Office	State
Party	Affiliation REP Sought: X House	Senate President District
(c)	This committee supports/opposes only one candidate, and is N	
	·····, ·····, ·····, ·····, ·····,	
	me of	
Can	ndidate	
Darty (Committee:	
-	(National, State	(Democratic,
(d)	This committee is a or subordinate) committee	e of the Republican, etc.) Party
Dellitie		
	cal Action Committee (PAC):	
		ed organization on line 6) Its connected organization
(e)	This committee is a separate segregated fund. (Identify connect	
	This committee is a separate segregated fund. (Identify connect Corporation Corporation	
		Capital Stock
	Corporation Corporation w/o	Capital Stock Labor Organization

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

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

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

This committee is an independent expenditure-only political committee (Super PAC). (g)

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

(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

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

Joint Fundraising Representative:

2.

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

С

IA

FEC Form 1 (Revised 02/2009)	Page 3
Write or Type Committee Name	

ASHLEY HINSON FOR CONGRESS

6.	Name of Any Connected Or	ganization, A	Affilia	ated	Co	omr	nitt	tee,	, Jo	oin	t F	un	dra	isiı	ng	Re	pre	sei	nta	ive	, o	r L	eac	ler	ship	P	AC	Sp	on	sor	
	Ashley Hinson Victory	y Committ	ee																												
	Mailing Address	PO Box 341	027																												
		Austin																L	ΓX 			Ľ	787:	34							
					(CIT	Y 🖌											ST	ΑΤΕ						ZI	P (COI	ЭE			
	Relationship: Connected	Organization		Affilia	ated	l Or	gar	niza	tior	n	×	, J	oint	t Fu	ındr	rais	ing	Re	pre	sen	tativ	/e			Lea	dei	rshi	ρP	AC	Spo	onsor

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

HOBBS, C	ABELL, , ,				
Full Name					
Mailing Address	PO BOX 811				
				52302	
		CITY 🔺	STATE	A	ZIP CODE 🔺
Title or Position ▼					
			Telephone number		

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

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

FEC Form 1 (Revised 02	2/2009)	Page 4
Full Name of Designated Agent		
Mailing Address	L	
	CITY ▲ STATE ▲	ZIP CODE
Title or Position ▼		
	Telephone number	

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

Name of Bank, Depository, etc.

WELLS			
Mailing Address			
		MD 20814	
		STATE A	ZIP CODE
Name of Bank, Depository,			
Mailing Address	2200 WILSON BLVD		
	STE 100		
	CITY 🔺	STATE 🔺	ZIP CODE

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 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	d Organization, Affiliated Committee, Joint Fund	Iraising Representative	or Leadershin PAC Spons
PROTECT THE HO	-		,pp
Mailing Address	PO BOX 30844		
Maining Address			
			20024
Relationship:	CITY 🔺	STATE 🔺	ZIP CODE A
Designated Agent: Ident	fy by name, address (phone number - optional)		
	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)		
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Full Name			
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Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit safety deposit boxes or n Name of Bank, Depository, etc	CITY ▲ CITY ▲ CITY ▲ CITY ▲ CITY ▲ CITY ▲	elephone Number	
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STATE **A**

ZIP CODE 🔺

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5(g) o	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	C
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
		D		
	Mailing Address	824 S. MILLEDGE AVE STE 101		
			GA	30605
	Relationship:	CITY A	STATE A	ZIP CODE
	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			
8.	Full Name		STATE	· · · · · · · · · · · · · · · · · · ·
9.	Full Name		ephone Number	
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mai		ephone Number	
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mai Name of Bank, _ CLASS		ephone Number	
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, CLASS Depository, etc.		ephone Number	
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, CLASS Depository, etc.		ephone Number	

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

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5(g) or ((h). Joint Fundraising	Participant:		
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	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	С
6. N	lame of Any Connected (Drganization, Affiliated Committee, Joint Fundra	ising Bepresentativ	e, or Leadership PAC Sponsor
	GT FARM TEAM 2024			
	Mailing Address	PO BOX 30844		
		BETHESDA	MD	20824
	Relationship:	CITY 🔺	STATE 🔺	ZIP CODE
8. D	esignated Agent: Identify	by name, address (phone number - optional)		
8. D	Full Name	by name, address (phone number – optional)		
8. D		by name, address (phone number - optional)		
8. D	Full Name	by name, address (phone number - optional)		
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8. D	Full Name	L	STATE	
9. B Sa N	Full Name	CITY ▲ CITY ▲ Tele Tele	ephone Number	s funds, holds accounts, rents

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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 Con	nected Organizatior	n, Affiliated Committee, J	oint Fundraising	Representativ	e, or Leade	ership PAC	Sponso
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	∣ 320 1ST S	ST SE					
Mailing Addre	ess						
		STON			20003	3	
	onnected Organization	CITY A CITY A CITY A CITY A CITY A		STATE		ZIP COE	
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Designated Agent	onnected Organization	Affiliated Committee					
Designated Agent	onnected Organization	Affiliated Committee					
Designated Agent	onnected Organization	Affiliated Committee					
Cesignated Agent Full Name	onnected Organization : Identify by name, and s	Affiliated Committee					PAC Spon
Designated Agent	onnected Organization : Identify by name, and s	Affiliated Committee	optional)	aising Represent		Leadership	PAC Spon

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) 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
	-	-	iliated Committee, Joint	Fundraising F	lepresentativ	e, or Leadership PAC Sponsor
Ame	erican Battleground	d Fund				
Ν	Mailing Address	PO Box 30844				
		Bethesda		1	MD	20824
F	Relationship:		CITY A		STATE	
	Connected	Organization	Affiliated Committee	 Joint Fundrais 	ina Represent	ative Leadership PAC Sponso
Design	nated Agent: Identify	by name, addres	s (phone number – option	nal)		
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Name of Any Connect	ed Organization, Affi	liated Committee, Joint	Fundraising R	epresentativ	e, or Lead	ership PAC	Sponsor
	Y BUILDERS						
	824 S MILLED	GE AVE. STE. 101					
Mailing Address							
				GA	3060		
Relationship:		CITY A		STATE 🔺		ZIP COD	E 🔺
	cted Organization		Joint Fundrais			•	
		Affiliated Committee					
Designated Agent: Ide							
Designated Agent: Ide							
Designated Agent: Ide						· · · · ·	PAC Spons
Designated Agent: Ide Full Name	ntify by name, addres						
Designated Agent: Ide	ntify by name, addres	s (phone number – option					

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or (h). Joint Fundraisi	ng Participant:			
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2.		FEC II	D number	C
3.		FEC II	D number	С
4.		FEC II	D number	С
Name of Any Connected	I Organization, Affiliated Commit	tee, Joint Fundraising Re	presentative	, or Leadership PAC Sponse
	1 502 6TH STREET			
Mailing Address				
		.		
			WI	54016
Relationship:	CITY 🔺	<u>ـ</u>	STATE 🔺	ZIP CODE A
Full Name	fy by name, address (phone numb			
Mailing Address				
Mailing Address				
TITLE OR POSITION				
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	ories: List all banks or other depo	Telephone N	lumber	
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