Image# 20240327962741539	415391
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FEC

03/27/2024 12 : 10

PAGE 1 / 81 🗕

## STATEMENT OF ORGANIZATION

FORM 1	ORGANIZ	ATION	
	(0)		Office Use Only
1. NAME OF COMMITTEE (in t	full) (Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
NRSC			
ADDRESS (number and	425 2ND STREET NE		
(Check if ac is changed)			
	WASHINGTON CITY ▲		DC         20002           STATE ▲         ZIP CODE ▲
COMMITTEE'S E-MAI	L ADDRESS		
(Check if ac is changed)			
	Optional Second E-Mail Ad	dress	
(Check if ac is changed)			
2. DATE 01	1 / D D / Y Y Y Y 09 2024		
3. FEC IDENTIFICA	ATION NUMBER ► C C	00027466	
4. IS THIS STATEM	ENT NEW (N) OR	X AMENDED (A)	
I certify that I have ex	amined this Statement and to the best	of my knowledge and belief it	is true, correct and complete.
Type or Print Name of	Treasurer <u>DAVIS, KEITH, , ,</u>		
Signature of Treasurer	DAVIS, KEITH, , ,		Date 03 / 27 / 2024
NOTE: Submission of fa		may subject the person signing th TION SHOULD BE REPORTED N	nis Statement to the penalties of 52 U.S.C. §30109 NITHIN 10 DAYS.
Office Use Only		For further information cc Federal Election Commissic Toll Free 800-424-9530 Local 202-694-1100	

FEC Form 1 (Revised 03/2022)	Page <b>2</b>
5. TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information be	low.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (information below.)	Complete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate Pres	State
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee	District
Name of Candidate	
Party Committee:       (National, State         (d) X       This committee is a         NAT       or subordinate) committee of the	(Democratic, Republican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.)	Its connected organization is a:
Corporation Corporation w/o Capital Stock	Labor 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, and is NOT a separat committee. (i.e., nonconnected committee)	e segregated 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	s (Hybrid PAC).

## Joint Fundraising Representative:

(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
 (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
 Committees Participating in Joint Fundraiser
 2.

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

	FEC Form 1 (Revise			Pa	ge <b>3</b>
V	/rite or Type Committee Na	me			
	NRSC				
6.	Name of Any Connected	d Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	adersh	ip PAC	Sponsor
	Mailing Address	PO BOX 3743			
		CARMEL IN 46	082		-
		CITY ▲ STATE ▲	Z	IP CO	DE 🔺
	Relationship:	ted Organization Affiliated Organization X Joint Fundraising Representative	Le	adershi	p PAC Spor

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

DAVIS	, KEITH, , ,
Full Name	
Mailing Address	425 2ND STREET NE
	$[ \  \  , \  \  , \  \  , \  \  , \  \  , \  \ $
	WASHINGTON         DC         20002
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
	Telephone number     202     -     675     -     6000

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	DAVIS, KEITH, , ,
of Treasurer	
Mailing Address	425 2ND STREET NE
	WASHINGTON     DC     20002       Image: Image of the second sec
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	,
	Image: Telephone number     202     -     675     -     6000

FEC Form 1	(Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent	MARTIN, HEATHER, , ,	
Mailing Address	425 2ND STREET NE	
	WASHINGTON         DC         20002	
	CITY A STATE A 2	ZIP CODE 🔺
Title or Position	,	
	ASURER	6000

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.

Mailing Address			
		NV 89148	
	CITY 🔺	STATE A	ZIP CODE ▲
Name of Bank, De			
	BB&T		
Mailing Address	1909 K STREET NW		
		DC 20006	
	CITY 🔺	STATE 🔺	ZIP CODE

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

ZIP CODE

STATE 🔺

		Participant																	
1.									FE	EC ID	numb	ber	С						
2.					<u> </u>				FE	EC ID	numb	ber	С						
3.					1 1				FE	EC ID	numt	ber	С						
4.					1 1			_	FE	EC ID	numt	ber	С						
			· · · · · ·										_						
Name of Any C	onnected C	Organization	, Affiliat	ed Co	mmitt	ee, J	oint F	undra	aising	l Rep	resent	ative	e, or	Lea	ders	hip I	PAC	Spo	nso
RON JOHN	SON VICT	ORY										I							
Mailing Ad	dress	P.O. BOX	1159																
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		OSHKOSI											L						
Relationshi	ip:			Cľ	TY 🔺		_				STAT	E 🔺		1	Z	ZIP (	COD	E 🔺	
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	Connected	Organization	-	filiated	Comm	nittee			Fundr	aising					1.1				Spo
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Designated Age	Connected nt: Identify	Organization	-	filiated	Comm	nittee			Fundr	aising					1.1				Spo
Designated Age	Connected nt: Identify	Organization	-	filiated	Comm	nittee			Fundr	aising			ative		1.1				Spo
Designated Age Full Name Mailing Addre	Connected nt: Identify ess	Organization	-	filiated	Comm	nittee			Fundr			esenta			Lea		hip F	PAC :	Spo
Designated Age	Connected nt: Identify ess	Organization	-	filiated	Comm	nittee		. <b>I)</b>			Repre	esenta			Lea	aders	hip F	PAC :	

CITY

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

22102

ZIP CODE

VA

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	С
6.		Drganization, Affiliated Committee, Joint Fundra	ising Representativ	e, or Leadership PAC Sponsor
	Mailing Address	P.O. BOX 183		
				<u> </u>
				54016
	Relationship:	CITY 🔺	STATE A	
		Organization Affiliated Committee X Joint	Fundraising Represent	ative Leadership PAC Sponsor
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.		by name, address (phone number - optional)		
8.	Full Name	by name, address (phone number - optional)		
8.	Full Name	by name, address (phone number - optional)		
8.	Full Name			
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 ▲ Tel tes: List all banks or other depositories in which ti	ephone Number	
	Full Name Mailing Address TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or mai	CITY ▲ CITY ▲ Tel tes: List all banks or other depositories in which ti	ephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mai Name of Bank, WELLS	CITY ▲ CITY ▲ CITY ▲ CITY ▲	ephone Number	

MCLEAN

CITY

1					
1.		FEC 1	D number	С	
2.		FEC !	D number	С	
3.		FEC 1	D number	С	
4.		FEC 1	D number	С	
Name of Any Connecte	ed Organization, Affiliated Committee,	Joint Fundraising Re	epresentative	e, or Leadersh	ip PAC Sponso
VICTORY FOR AL	ASKA				
	901 N WASHINGTON ST				
Mailing Address					
	STE 700				
			VA	22314	
Relationship:	CITY 🔺		STATE 🔺	ZI	P CODE 🔺
Designated Agent: Iden	tify by name, address (phone number -	optional)			
Mailing Address	 				
TITLE OR POSITIC		<u>.</u>		ZIP	

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

ZIP CODE

STATE **A** 

r(h). Joint Fundraisi	ng Participant:	
1.		FEC ID number
2.		FEC ID number
3.		FEC ID number
4.		FEC ID number
7.		
Name of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraising Representative, or Leadership PAC Spor
BADLANDS VICTOR	RY COMMITTEE	
Mailing Address	P.O. BOX 26141	
Walling / Karooo		
		VA 22313 – I – I – I – I – I – I – I – I – I –
Relationship:	CITY 🔺	STATE ▲ ZIP CODE ▲
Full Name	fy by name, address (phone number – optional)	
Mailing Address		
TITLE OR POSITION		STATE A ZIP CODE A
		Telephone Number
Banks or Other Deposite safety deposit boxes or m		ch the committee deposits funds, holds accounts, rer
Name of Bank, TRUIS	\$T	
	1911 LITCHFORD RD	
Mailing Address		

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

ZIP CODE

STATE 🔺

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	C
		Drganization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
ſ	Mailing Address	2024 3RD AVE N		
		STE 211		
		BIRMINGHAM		35203
F	Relationship:		STATE	
	Connected	Organization Affiliated Committee X Joint	Fundraising Representa	ative Leadership PAC Sponsor
	nated Agent: Identify	by name, address (phone number - optional)		
Ma	ailing Address			
_		CITY ▲	STATE A	
1	ITLE OR POSITION	•		
			lephone Number	
	or Other Depositori deposit boxes or main	ies: List all banks or other depositories in which t ntains funds.	he committee deposit	s funds, holds accounts, rents
	of Bank, UNION itory, etc.	BANK & TRUST		
	-	121 SOUTH 13TH		
	Mailing Address			
		LINCOLN		68508

CITY

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

r(h). Joint Fundraisir	ıg Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
T. [			
Name of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Sponso
TEAM HAGERTY VI	CTORY		
Mailing Address	P.O. BOX 50430		
	NASHVILLE		37205
Relationship:			
Connecte	d Organization	Fundraising Represent	ative Leadership PAC Spo
Full Name			
Mailing Address			
TITLE OR POSITION		STATE ▲	
		STATE	
	. ▼ Te	elephone Number	
	Te Te Te pries: List all banks or other depositories in which	elephone Number	
Banks or Other Deposito safety deposit boxes or m	Te <b>Dries:</b> List all banks or other depositories in which aintains funds.	elephone Number	
Banks or Other Deposito	Te <b>Dries:</b> List all banks or other depositories in which aintains funds.	elephone Number	
Banks or Other Depositor safety deposit boxes or m Name of Bank, Depository, etc.	Te <b>Dries:</b> List all banks or other depositories in which aintains funds.	elephone Number	
Banks or Other Deposito safety deposit boxes or m Name of Bank, BANK	I ▼       Te         pries: List all banks or other depositories in which aintains funds.         PLUS	elephone Number	
Banks or Other Depositor safety deposit boxes or m Name of Bank, Depository, etc.	I ▼       Te         pries: List all banks or other depositories in which aintains funds.         PLUS	elephone Number	

STATE 🔺

ZIP CODE

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

	Joint Fundraising	Participant:								
1. [					FEC II	0 number	С			
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	H HAWLEY VICTO	-	ffiliated Committee, J	oint Fund		Jresentativ	e, or Lead	ersnip P	ac sp	onsor
М	ailing Address	P.O. BOX 314	.76							
		SAINT LOUIS			1	MO	6313	1		1 1
R	elationship:					STATE		ZIP C		
	Connected	Organization	Affiliated Committee	× Join	t Fundraisin	g Represent	ative	Leadersh	ip PAC	Sponso
Designa	ated Agent: Identify	by name, addre	ess (phone number – c	ptional)						
Full	Name									
Mai										
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Man	ling Address									
Mai	ling Address									
	LE OR POSITION Y	L L L						ZIP COI		

DC

STATE **A** 

20006

ZIP CODE

WASHINGTON

CITY

1.															
							FEC	ID n	umber	С	<u> </u>				
2.							FEC	ID n	umber	С					
3.							FEC	ID n	umber	С					
4.							FEC	ID n	umber	С					
Name of Any	Connected (	Organization,	Affiliated	I Committ	ee, Joint	Fundra	ising F	Repre	sentativ	ve, or	Lea	dersh	ip P	AC S	pon
		P.O. BOX 9	9891												
Mailing A	ddress														
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or(h).	eenne i anaraionig	Participant:						
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3.				FEC I	D number	С		
4.				FEC I	D number	С		
4. [								
Name	of Any Connected (	)rganization Affili	ated Committee, Joint	Fundraising Re	presentativ	or Leader	rshin PAC Sno	nso
	BUDD MAJORIT	-		i unuluing no	procontaint	, er leader		
N	ailing Address	P.O. BOX 97275						
		RALEIGH		1		27624		I
R	elationship:				STATE			
Design	ated Agent: Identify	by name, address	(phone number – optio	inal)				
Full	Name							
Mai	ling Address							
							<u> </u>	
TI								
TI"	TLE OR POSITION	<pre></pre>		Telephone N				_
Banks safety of Name of	or Other Depositori leposit boxes or main	es: List all banks	CITY  CITY	-	lumber			unts
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Banks safety o Name o Deposit	or Other Depositori leposit boxes or main of Bank, ory, etc.	es: List all banks		-	lumber			ints

1.			FEC ID number	С		
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3.			FEC ID number	С		
4.			FEC ID number	С		
ame of Any Connected	Organization, Affiliated Commi	ttee, Joint Fundrai	sing Representativ	ve, or Lea	dership P	AC Sponso
	P.O. BOX 590012					
Mailing Address						
	BIRMINGHAM			352	259	-
					ZIP C	
	CITY A Organization Affiliated Com	mittee X Joint F	STATE			ip PAC Spor
Connected		mittee X Joint F				
Connected	Organization Affiliated Com	mittee X Joint F				
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		Participant:						
1.				F	EC ID number	С		
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3.				F	EC ID number	С		
4.				F	EC ID number	С		
Name of <i>I</i>	Any Connected (	Organization, Affi	liated Committee, Jo	int Fundraisin	g Representativ	e, or Lea	dership P	AC Sponse
COTTO								
Maili	ng Address	901 N WASHING	GTON ST					
Ivialii	ng Address	STE 700						
					VA	223	31/	
Dula							ZIP C	
		Organization	CITY A Affiliated Committee s (phone number – op		STATE ▲ raising Represent	tative	Leadersh	ip PAC Spo
	Connected		Affiliated Committee			tative	Leadersh	
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<b>Designate</b> Full Na Mailing	Connected	by name, address	Affiliated Committee	otional)	raising Represent			ip PAC Spo

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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	Drganization, Affiliated Committee, Joint Fundrais	sing Representative	e, or Leadership PAC Sponsor
Mailing Address	P.O. BOX 9891		
			22219
Relationship:		STATE A	ZIP CODE
Connected	Organization Affiliated Committee X Joint Fu	undraising Representa	ative Leadership PAC Sponsor
8. Designated Agent: Identify	by name, address (phone number - optional)		
Full Name			
Mailing Address			
TITLE OR POSITION		STATE 🔺	ZIP CODE
		phone Number	
<ol> <li>Banks or Other Depositori safety deposit boxes or main</li> </ol>	ies: List all banks or other depositories in which the ntains funds.	e committee deposit	s funds, holds accounts, rents
Name of Bank, Depository, etc.			
Mailing Address			

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1		Participant:										
1. 💷						FEC	ID number	С				
2.						FEC	ID number	С				
3.						FEC	ID number	С				
4.						FEC	ID number	С				
Name of A	ny Connected (	Organization,	Affiliated	Committee, Jo	int Fundra	ising R	epresentati	ve, or	Leade	rship	PAC S	pons
TILLIS-I		TTEE								1 1	1 1	1 1
Mailin	g Address	P.O. BOX 9	0/2/5									
		I RALEIGH					NC	L	27624			
	onship: Connected Agent: Identify	Organization by name, add	-	CITY ted Committee ne number – op		Fundraisi	STATE Ang Represe				CODE ship PA	
	Connected Agent: Identify	_	-	ted Committee		Fundraisi						
<b>Designated</b> Full Nar	Connected Agent: Identify	_	-	ted Committee		Fundraisi						
<b>Designated</b> Full Nar	Agent: Identify	_	-	ted Committee		Fundraisi						
<b>Designated</b> Full Nar	Agent: Identify	_	-	ted Committee		Fundraisi						
<b>Designated</b> Full Nar Mailing	Connected Agent: Identify me	by name, add	dress (phor	ted Committee		Fundraisi				.eaders		C Spo
<b>Designated</b> Full Nar Mailing	Agent: Identify	by name, add	dress (phor	ted Committee	otional)		ng Represer			.eaders	ship PA	C Spo

(g) or (h).	Joint Fundraising	J Participant:		
1.			FEC ID number	C
2.			FEC ID number	С
3.			FEC ID number	С
4.			FEC ID number	C
. Name	of Any Connected	Organization, Affiliated Committee, Joint Fundra	ising Representativ	e or Leadershin PAC Sponsor
	k Scott Victory Fun			
r	Mailing Address	P.O. BOX 9891		
F	Relationship:		STATE A	
	Connected	Organization Affiliated Committee X Joint	Fundraising Represent	ative Leadership PAC Sponso
Fu	II Name			
Ma	ailing Address	1		
		1		
т	ITLE OR POSITION		STATE A	
			ephone Number	
	or Other Depositor deposit boxes or mai	<b>ies:</b> List all banks or other depositories in which the intains funds.	he committee deposit	ts funds, holds accounts, rents
	of Bank, itory, etc.			
	Mailing Address			
	-			
			STATE A	

		Participant:										
1.						FEC ID	number	С				
2.						FEC ID	number	С				
3.						FEC ID	number	С				
4.						FEC ID	number	С				
-		•		ommittee, Jo	oint Fundra	aising Rep	oresentativ	e, or	Leade	ership	PAC S	ponso
			JZZ									
Mailing	Address	P.O. BOX 98	91									
								1 1		1 1	1 1	1 1
		ARLINGTON					VA		22219	)	_	
							STATE ▲	L		ZIP		
Relatior	ship:		С	ITY 🔺							CODE	
Relatior	-	Organization by name, addre	Affiliated	ITY ▲ Committee number – op		Fundraising	Represent	ative				C Spor
	Connected	-	Affiliated	Committee		Fundraising		ative				
Designated A	Connected	-	Affiliated	Committee		Fundraising		ative				
<b>Designated A</b> Full Name	Connected	-	Affiliated	Committee		Fundraising		ative				
<b>Designated A</b> Full Name	Connected	-	Affiliated	Committee		Fundraising		ative				
<b>Designated A</b> Full Name Mailing Ad	Connected	by name, addr	Affiliated	Committee				ative		Leader		.C Spor
<b>Designated A</b> Full Name Mailing Ad	Connected	by name, addr	Affiliated	Committee	otional)		Represent	ative		Leader	ship PA	.C Spor

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	oonin i unurunoning	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 Affi	isted Committee Joint	Fundraising P	oprocontativ	e, or Leadership PAC Sponso	
	SCOTT VICTOR			runulaising n	epresentativ	e, of Leadership FAC Sponse	,
Ν	Mailing Address	1405 ASHLEY R	IVER RD				
		CHARLESTON			SC	29407	
F	Relationship:		CITY 🔺		STATE A	ZIP CODE	
	Connected	Organization	Affiliated Committee	Joint Fundrais	ing Represent	ative Leadership PAC Spo	nsor
	I Name		s (phone number – option	,			
Ма	iling Address						
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	iling Address		· · · · · · · · · · · · · · · · · · ·				
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TI Banks safety o Name o Deposi	illing Address TLE OR POSITION Or Other Depositor deposit boxes or mai of Bank, tory, etc.	ies: List all banks	<u> </u>		Number		
TI Banks safety o Name o Deposi	iling Address TLE OR POSITION Or Other Depositor deposit boxes or mai of Bank,	ies: List all banks	<u> </u>		Number		
TI Banks safety o Name o Deposi	illing Address TLE OR POSITION Or Other Depositor deposit boxes or mai of Bank, tory, etc.	ies: List all banks	<u> </u>		Number		

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	С
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundrai	sing Benresentativ	or Leadershin PAC Sponsor
	Mailing Address	900 CIRCLE 75		
		STE 100		
		ATLANTA	GA	30339 
	Relationship:	CITY A	STATE 🔺	ZIP CODE
8.		by name, address (phone number - optional)		
8.	Full Name	by name, address (phone number – optional)		
8.		by name, address (phone number - optional)		
8.	Full Name	by name, address (phone number - optional)		
8.	Full Name			
8.	Full Name			
8.	Full Name		STATE A	· · · · · · · · · · · · · · · · · · ·
9.	Full Name		ephone Number	
9.	Full Name		ephone Number	
9.	Full Name          Mailing Address         TITLE OR POSITION            Banks or Other Depositor         safety deposit boxes or ma         Name of Bank,         Depository, etc.		ephone Number	
9.	Full Name          Mailing Address         TITLE OR POSITION            Banks or Other Depositor         safety deposit boxes or ma         Name of Bank,         Depository, etc.		ephone Number	

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 of Any Connecte	d Organization, Aff	filiated Committee, Joint	Fundraising Re	presentative	e, or Lead	ership PA	C Spons
		TEE					
Mailing Address	50 S JONES BI	LVD #201					
	LAS VEGAS			NV	8910	7	-
						ZIP CC	
	ed Organization		Joint Fundraisir	STATE A	ative	Leadership	
Connect					ative		
Connect Designated Agent: Ident Full Name		Affiliated Committee			ative		
Connect		Affiliated Committee			ative		
Connect Designated Agent: Ident Full Name		Affiliated Committee			ative		
Connect	ify by name, addres	Affiliated Committee		ng Representa	ative	Leadership	• PAC Sp
Connect Connec	ify by name, addres	Affiliated Committee		ng Representa	ative		• PAC Sp

L

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 o	f Any Connected	Organization, A	ffiliated Committee,	Joint Fundra	ising Re	epresentativ	e, or Leade	rship P/	AC Spoi	nsor
	ALT VICTORY FL									
Ma	ailing Address	50 S JONES	BLVD #201							
IVIč	aning Address									
						NV I	89107	<u> </u>		
Po	elationship:									
ne	nationship.					STATE ▲		ZIP CO		
Designa	ted Agent: Identify	by name, addre	ess (phone number –	optional)						
	ted Agent: Identify	by name, addre	ess (phone number –	optional)						1 1
Full		by name, addre	ess (phone number –	• optional)						
Full	Name	by name, addre	ess (phone number -	• optional)						
Full	Name	by name, addre	ess (phone number -	optional)						
Full Maili	Name L		ess (phone number -	optional)					_   _   _   _   _   _   _   _   DE ▲	
Full Maili	Name								_   _   _   _   _   _   DE ▲ _   _	
Full Maili	Name L									
Full Maili TITI Banks o	Name				ephone	Number			-	
Full Maili TIT Banks o safety de	Name					Number			-	       nts
Full Maili TIT Banks of safety de Name of Deposito	Name					Number			-	
Full Maili TIT Banks of safety de Name of Deposito	Name					Number			-	
Full Maili TIT Banks of safety de Name of Deposito	Name					Number			-	

) or (h).		g Participant:							
1.				FEC ID	number	С			
2.				FEC ID	number	С			
3.				FEC ID	number	С			
4.				FEC ID	number	С			
		0		-					
	Y VICTORY	Organization, Amili	ated Committee, Joint I	-undraising Repro	esentative	, or Leade	rsnip PA	C Spons	sor
М	ailing Address	PO BOX 30844							
		BETHESDA				20824	1	-  , ,	I
R	elationship:		CITY 🔺				ZIP CC	DE 🔺	
	Connected	Organization	Affiliated Committee	Joint Fundraising	Representat	tive L	eadershi	p PAC Sp	onsor
Designa	ated Agent: Identify	by name, address	(phone number - option	al)					
-	ated Agent: Identify	by name, address	(phone number – option	al)					
Full		by name, address	(phone number – option	al)					
Full	Name	by name, address	(phone number - option	al)					
Full	Name	by name, address	(phone number - option	al)					
Full Mai	Name		(phone number – option						
Full Mai	Name							   DE ▲ 	
Full Mai	Name	· · · · · · · · · · · · · · · · · · ·							
Full Mail	Name			S Telephone Nur	mber	– [		-	
Full Mail	Name			S Telephone Nur	mber	– [		-	
Full Mail	Name			S Telephone Nur	mber	– [		-	s
Full Mail TIT Banks safety d Name o Deposito	Name			S Telephone Nur	mber	– [		-	s
Full Mail TIT Banks safety d Name o Deposito	Name			S Telephone Nur	mber	– [		-	s
Full Mail TIT Banks safety d Name o Deposito	Name			S Telephone Nur	mber	– [		-	s

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	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 Fundr	aising Representative	e, or Leadership PAC Sponsor
		COMMITTEE		<u></u>
	Mailing Address	228 S WASHINGTON ST		
		STE 115		
			VA	22314
	Relationship:		STATE 🔺	ZIP CODE
	Connected	d Organization	Fundraising Representa	ative 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			
8.	Full Name		STATE	ZIP CODE ▲
	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
	Full Name          Mailing Address         TITLE OR POSITION            Banks or Other Deposito         safety deposit boxes or mail         Name of Bank,         Depository, etc.		the committee deposit	s funds, holds accounts, rents
	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 A	Any Connected	Organization, A	ffiliated Committe	ee, Joint Fund	draising R	epresentativ	e, or Le	eadershi	ip PAC	Spon
		PO BOX 1243								
Mailir	ng Address									
		ALEXANDRIA						2313		
								71		
		Organization	CITY A Affiliated Comm		nt Fundrais	STATE ▲		-	P COD	
	Connected		Affiliated Comm		nt Fundrais			-		
Designated Full Na	Connected		Affiliated Comm		nt Fundrais			-		
Designated Full Na	Connected		Affiliated Comm		nt Fundrais			-		
Designated Full Na	Connected		Affiliated Comm		nt Fundrais			-		
Designated Full Na Mailing	Connected	by name, addre	Affiliated Comm		nt Fundrais			Lead		PAC Sp
Designated Full Na Mailing	Connected	by name, addre	Affiliated Commenses (phone number	er – optional)	nt Fundrais	ing Represent		Lead	lership       	PAC Sp

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1. 📃				F	EC ID nur	nber	C			
2.				F	EC ID nur	nber	С			
3.				F	EC ID nur	nber	С			
4.				F	EC ID nur	nber	С			
Name of	Any Connected	Organization, A	ffiliated Committee, Joir	nt Fundraisir	ng Represe	ntative,	or Lead	dership	PAC	Spons
RED \	VICTORY 2022									
Mai	iling Address	P.O. BOX 183	3							
IVIAI	ining Address									
					<u> </u>	WI I	540 <sup>-</sup>	16		
Pol	ationshin				OTA			סוד		
		Organization	CITY A Affiliated Committee ess (phone number – opt	Joint Fun		TE ▲	ive		CODE	
	Connected ed Agent: Identify	Organization	Affiliated Committee	_			ive			
<b>Designate</b> Full N	Connected ed Agent: Identify	Organization	Affiliated Committee	_						
<b>Designate</b> Full N	Connected ed Agent: Identify Name	Organization	Affiliated Committee	_						
<b>Designate</b> Full N	Connected ed Agent: Identify Name	Organization	Affiliated Committee	_						
<b>Designate</b> Full N Mailin	Connected	Organization	Affiliated Committee	_				Leade		AC Spo
<b>Designate</b> Full N Mailin	Connected ed Agent: Identify Name	Organization	Affiliated Committee	ional)	draising Rep			Leade	rship P/	AC Spc

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 Fund	raising Representativ	ve, or Leader	ship PAC Sponso
Mailing Address	228 S. WASHINGTON	ST.			
Maning / Idarooo	STE. 115				
				22314	
					ZIP CODE
	ted Organization Affiliate		STATE ▲		eadership PAC Spon
Connec		ed Committee X Join			eadership PAC Spon
Designated Agent: Ider	ted Organization Affiliate	ed Committee X Join			eadership PAC Spon
Designated Agent: Ider	ted Organization Affiliate	ed Committee X Join			eadership PAC Spon
Designated Agent: Ider	ted Organization Affiliate	ed Committee X Join			eadership PAC Spon
Connect	ted Organization Affiliate	ed Committee X Join	t Fundraising Represen		
Designated Agent: Ider	ted Organization Affiliate	ed Committee X Join			eadership PAC Spon

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

ZIP CODE

STATE 🔺

5(g) or (ł	h). Joint Fundraising	Participant:		
	1	FE	C ID number	C
	2.	FE	C ID number	C
	3.	FE	C ID number	C
	4.	FE	C ID number	C
6. <b>N</b> a	ame of Any Connected C	Organization, Affiliated Committee, Joint Fundraising	Representative	, or Leadership PAC Sponsor
	Mailing Address	228 S. WASHINGTON ST.		
		STE. 115		
			VA	22314
	Relationship:		STATE 🔺	ZIP CODE
	Commented	Organization Affiliated Committee X Joint Fundr	aising Representat	ive Leadership PAC Sponsor
	Connected			
		by name, address (phone number - optional)		
— 8. <b>De</b>				
— 8. <b>D</b> e	esignated Agent: Identify			
— 8. <b>D</b> e	esignated Agent: Identify			
— 8. De	esignated Agent: Identify			
— 8. <b>D</b> e	esignated Agent: Identify	by name, address (phone number – optional)		
— 8. De	esignated Agent: Identify	by name, address (phone number – optional)		
— 8. <b>D</b> e	esignated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional)		
9. <b>B</b> a	Esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION	by name, address (phone number – optional)	STATE A	
9. <b>B</b> a sa	esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION	by name, address (phone number – optional)	STATE A	
9. <b>B</b> a sa	Esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION TITLE OR POSITION Anks or Other Depositorion affety deposit boxes or main ame of Bank,	by name, address (phone number – optional)	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	C
		Organization, Affiliated Committee, Joint Fundra	ising Representativ	e, or Leadership PAC Sponsor
		1AJORITY FUND		
r	Mailing Address	228 S. WASHINGTON ST.		
		STE. 115		
				22314
I	Relationship:	CITY A	STATE 🔺	ZIP CODE
	Connected	Organization Affiliated Committee X Joint F	Fundraising Represent	Leadership PAC Spons
	nated Agent: Identify	Organization Affiliated Committee X Joint F	-undraising Represent	
Fu	nated Agent: Identify		-undraising Represent	
Fu	nated Agent: Identify		-undraising Represent	
Fu	nated Agent: Identify		-undraising Represent	
Fu	nated Agent: Identify		-undraising Represent	
Fu Ma	nated Agent: Identify	by name, address (phone number – optional)	-undraising Represent	
Fu Ma	nated Agent: Identify ull Name	by name, address (phone number – optional)		
Fu Ma	nated Agent: Identify ull Name	by name, address (phone number – optional)		
Fu Ma T	nated Agent: Identify III Name ailing Address TITLE OR POSITION  s or Other Depositor	by name, address (phone number – optional)	STATE	
Fu Ma T	nated Agent: Identify ull Name ailing Address	by name, address (phone number – optional)	STATE	
Fu Ma T Banks safety Name	nated Agent: Identify III Name ailing Address TITLE OR POSITION  s or Other Depositor	by name, address (phone number – optional)	STATE	ZIP CODE ▲
Fu Ma T Banks safety Name Depos	nated Agent: Identify III Name ailing Address TILE OR POSITION  s or Other Depositor deposit boxes or ma of Bank,	by name, address (phone number – optional)		ZIP CODE ▲
Fu Ma T Banks safety Name Depos	nated Agent: Identify III Name ailing Address TILE OR POSITION  s or Other Depositor deposit boxes or ma of Bank, sitory, etc	by name, address (phone number – optional)		ZIP CODE ▲
Fu Ma T Banks safety Name Depos	nated Agent: Identify III Name ailing Address TILE OR POSITION  s or Other Depositor deposit boxes or ma of Bank, sitory, etc	by name, address (phone number – optional)		ZIP CODE ▲

CITY

STATE **A** 

ZIP CODE

	ndraising Participant:					
1.			FEC ID nu	mber C		_
2.			FEC ID nu	mber C		
3.			FEC ID nu	mber C		
4.			FEC ID nur	nber C		
Name of Any Con	nocted Organization A	ffiliated Committee, Joint Fu	Indraising Boprose	ntativo or Lo	adarshin BAC Spor	neor
-						
Mailing Addre	228 S WASH	NGTON STREET SUITE 115				
		<b>\</b> 		VA 22	2314	
Relationship:		CITY 🔺	STA		ZIP CODE 🔺	
Full Name		ess (phone number - optiona	)			
Mailing Address	s					
TITLE OR POS				⊥		
		I	Telephone Numbe		–	
Banks or Other De	epositories: List all ban	I	Telephone Numbe	er 🛄 🖂	-	⊥ ⊥⊥ ⊥ ⊥⊥ nts
Banks or Other De safety deposit boxes Name of Bank,			Telephone Numbe	er 🛄 🖂	-	nts
Banks or Other Desafety deposit boxes Name of Bank, Depository, etc.	epositories: List all ban s or maintains funds.		Telephone Numbe	er 🛄 🖂	-	
Banks or Other De safety deposit boxes Name of Bank,	epositories: List all ban s or maintains funds.		Telephone Numbe	er 🛄 🖂	-	
Banks or Other Desafety deposit boxes Name of Bank, Depository, etc.	epositories: List all ban s or maintains funds.		Telephone Numbe	er 🛄 🖂	-	
Banks or Other Desafety deposit boxes Name of Bank, Depository, etc.	epositories: List all ban s or maintains funds.		Telephone Numbe	er	-	

5(g) or (h).	Joint Fundraising	g Participant:	
1.			FEC ID number
2.			FEC ID number C
3.			FEC ID number C
4.			FEC ID number
	-	Organization, Affiliated Committee, Joint Fundrais	sing Representative, or Leadership PAC Sponsor
I	Mailing Address	900 CIRCLE 75 PKWY SE	
			GA
I	Relationship:		STATE A ZIP CODE A
	Connected	Organization Affiliated Committee X Joint F	undraising Representative Leadership PAC Sponsor
8. Design	nated Agent: Identify	by name, address (phone number - optional)	
Fu	II Name		
Ma	ailing Address		
т	ITLE OR POSITION		STATE A ZIP CODE A
		Tele	phone Number
	or Other Depositor deposit boxes or ma	ies: List all banks or other depositories in which th intains funds.	e committee deposits funds, holds accounts, rents

					С	IT	( 🔺					S	TAT	E			ZIP	C	DD	E		
																				· [_		
Mailing Address																						
Name of Bank, Depository, etc.			1																			

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(g) or (h).	Joint Fundraising	Participant:				
1.				FEC II	D number	С
2.				FEC II	D number	С
3.				FEC II	D number	С
4.				FEC II	D number	С
	of Any Connected O ENDS OF KENNE	-	ommittee, Joint Fund	draising Re	presentativ	e, or Leadership PAC Sponsor
Γ	Mailing Address	3337 NORTH HULLEN S	г. <u>             </u>			
		SUITE 301				
		METAIRIE		1		70002
F	Relationship:	C			STATE A	
	Connected	Organization Affiliated	Committee X Joi	nt Fundraisin	g Represent	ative Leadership PAC Spons
		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	II Name		number – optional)		   STATE ▲	<pre></pre>
Ful	II Name		Y A			
Ful	II Name		Y A			· · · · · · · · · · · · · · · · · · ·
Ful Ma TI	II Name	CIT	Y	Telephone N	lumber	<ul> <li></li></ul>
Ful Ma TI Banks safety	II Name	CIT	Y	Telephone N	lumber	
Ful Ma TI Banks safety Name	II Name	CIT	<pre></pre>	Telephone N	lumber	
Ful Ma TI Banks safety Name Deposi	II Name	CIT	<pre></pre>	Telephone N	lumber	
Ful Ma TI Banks safety Name Deposi	II Name	CIT	<pre></pre>	Telephone N	lumber	
Ful Ma TI Banks safety Name Deposi	II Name	CIT	<pre></pre>	Telephone N	lumber	

1. L 2. L								
2.				FEC	ID number	С		
				FEC	ID number	С		
3.				FEC	ID number	С		
4.				FEC	ID number	С		
Name of A	Any Connected C	)rganization, Affili	iated Committee, Joint	Fundraising R	epresentative	e, or Leade	ership PAC S	Sponsor
Mailir	ng Address	1327 H STREET						
	.g /	STE 101						
						68508	B	
Relat	ionship:				L STATE ▲			
		Organization		<ul> <li>Joint Fundrais</li> </ul>			Leadership P/	
Full Na	me							
	Address	1						
Mailing								
Mailing								
Mailing							· · · · ·	
	OR POSITION	· · · · · · · · · · · · · · · · · · ·		Telephone				

1									
1. 🗌 🖂 🖂				F	EC ID number	С			
2.				F	EC ID number	С			
3.				_   F	EC ID number	С			
4.				F	EC ID number	С			
Name of Any C	onnected Org	ganization, Affil	iated Committee, Joir	nt Fundraisin	g Representativ	ve, or L	eadersh	nip PAC	Spon
	MAKERS FL	JND							
		2024 3RD AVE N	J						
Mailing Add	dress								
	L	STE 211							
		BIRMINGHAM			AL		35203		
	L								
Relationshi	Connected Or	rganization	CITY  Affiliated Committee (phone number – opt		STATE ▲ raising Represen			dership	
	Connected Or	rganization	Affiliated Committee						
Designated Age	Connected Or	rganization	Affiliated Committee						
Designated Age	Connected Or	rganization	Affiliated Committee						
Designated Age	Connected Or	rganization	Affiliated Committee						
Designated Age Full Name Mailing Addre	Connected Or nt: Identify by	rganization	Affiliated Committee				Lea		PAC S
Designated Age Full Name Mailing Addre	Connected Or	rganization	Affiliated Committee	ional)	raising Represen		Lea	dership	PAC S

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

ZIP CODE

STATE 🔺

5(g) d	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
6.	Name of Any Connected (	Organization, Affiliated Committee, Joint Fur	ndraising Representativ	e, or Leadership PAC Sponsor
	2024 REPUBLICAN S	-		· · · · · · · · · · · · · · · · · · ·
	Mailing Address	228 S. WASHINGTON STREET		
		SUITE 115		
				22314
	Relationship:		STATE A	ZIP CODE
	Connected	Organization Affiliated Committee X Jo	pint 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
			Telephone Number	
9.	Banks or Other Depositori safety deposit boxes or mai	ies: List all banks or other depositories in which intains funds.	ch the committee deposit	s funds, holds accounts, rents
	Name of Bank, Depository, etc.			
	Mailing Address			

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

Participant:		
	FEC ID number	C
	FEC ID number	С
	FEC ID number	C
	FEC ID number	С
	aising Representative	e, or Leadership PAC Sponsor
3501 MACCORKLE AVE SE		
NUM 131		
CHARLESTON	WV	25304
	STATE A	
Organization	Fundraising Representa	ative
by name, address (phone number – optional)		
by name, address (phone number – optional)		
by name, address (phone number – optional)		
by name, address (phone number – optional)		
by name, address (phone number – optional)		
	lephone Number	
	DMMITTEE         3501 MACCORKLE AVE SE         NUM 131         CHARLESTON         CITY ▲	FEC ID number FEC ID number F

CITY

STATE **A** 

ZIP CODE

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(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
	-	-	ed Committee, Joint	Fundraising I	Representativ	e, or Leadership PAC Sponsor
	NI'S ROAST AND F					
l	Mailing Address	PO BOX 93441				
		1				
		DES MOINES				50393
	Relationship:				STATE ▲	
	Connected	Organization Affi	iliated Committee	Joint Fundrai	sing Represent	ative Leadership PAC Sponsor
	nated Agent: Identify	by name, address (p	hone number – option	nal)		
Fu	ull Name	by name, address (p	hone number – option	nal)		
Fu		by name, address (p	hone number – option	nal)		
Fu	ull Name	by name, address (p	hone number – option	nal)		
Fu	ull Name	by name, address (p		nal)		
Fu	ull Name		hone number – option			· · · · · · · · · · · · · · · · · · ·
Fu	ull Name			nal)		
Fu Ma T Banks safety Name	ull Name		CITY ▲	Telephone	e Number	Image: Image
Fu Ma T Banks safety Name	Address TITLE OR POSITION TITL		CITY ▲	Telephone	e Number	
Fu Ma T Banks safety Name	Address TITLE OR POSITION TITL		CITY ▲	Telephone	e Number	

L

1. 🗋				FEC	ID number	С
2.				FEC	ID number	С
з. L				FEC	ID number	С
4.				FEC	ID number	С
Name o	f Any Connected (	Organization, Aff	iliated Committee, Joir	nt Fundraising I	Representativ	ve, or Leadership PAC Spons
REC						
		1 228 S WASHIN	GTON ST			
Ma	ailing Address					
						20244
_	lationchin		CITY 🔺		STATE 🔺	ZIP CODE
		Organization	Affiliated Committee	X Joint Fundrais	sing Represent	tative Leadership PAC Sp
Designa	Connected		Affiliated Committee		sing Represent	tative Leadership PAC Sp
<b>Designa</b> Full	Connected ted Agent: Identify Name		-		sing Represent	tative Leadership PAC Sp
<b>Designa</b> Full	Connected		-		sing Represent	tative Leadership PAC Sp
<b>Designa</b> Full	Connected ted Agent: Identify Name		-		sing Represent	tative Leadership PAC Sp
<b>Designa</b> Full Maili	Connected ted Agent: Identify Name	by name, addres	s (phone number – opti			
<b>Designa</b> Full Maili	Connected ted Agent: Identify Name	by name, addres	-			tative Leadership PAC Sp

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

i(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
S. Name	of Any Connected O	rganization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Sponsor
RIC	KETTS SHEEHY V			
	Nailing Address	228 S WASHINGTON ST		
N	hailing Address	STE 115		
				22314
F	Relationship:	CITY A	STATE A	ZIP CODE 🔺
	Connected 0	Organization Affiliated Committee X Join	t Fundraising Represent	ative Leadership PAC Sponsor
-	a <b>ted Agent:</b> Identify b	by name, address (phone number - optional)		
Ma	iling Address			
				-
ті	TLE OR POSITION <b>V</b>	CITY A	STATE A	
			elephone Number	-   -
Banks safety	or Other Depositorie deposit boxes or main	es: List all banks or other depositories in which tains funds.	the committee deposit	s funds, holds accounts, rents
Name	of Bank,			
Deposi	tory, etc.			
	Mailing Address			
				-

STATE 🔺

ZIP CODE

		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, Affil	liated Committee, Joint	t Fundraising F	Representativ	e, or Lea	dership F	PAC Spor	nso
		COMMITTEE							1
									1
N4-:1	in a Aslahasa	228 S WASHING	GTON ST						
Mail	ing Address	STE 115							
						223			
					STATE 🔺		ZIP C		
		Organization	CITY A Affiliated Committee	X Joint Fundrais		tative	Leaders	hip PAC S	Spor
	Connected		Affiliated Committee				Leaders		Spor
Designate Full N	Connected		Affiliated Committee				Leaders		Spon
Designate Full N	Connected		Affiliated Committee				Leaders		Spon
Designate Full N	Connected		Affiliated Committee				Leaders		6pon
<b>Designate</b> Full N Mailin	Connected	by name, address	Affiliated Committee				Leaders	hip PAC S	6pon
<b>Designate</b> Full N Mailin	Connected	by name, address	Affiliated Committee		sing Represent			hip PAC S	\$pon

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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 o	f Any Connected	Organization, A	ffiliated Committee,	Joint Fundra	ising Re	epresentativ	e, or Leade	rship P/	AC Spoi	nsor
	ALT VICTORY FL									
Ma	ailing Address	50 S JONES	BLVD #201							
IVIč	aning Address									
						NV I	89107	<u> </u>		
Po	elationship:									
ne	nationship.					STATE ▲		ZIP CO		
Designa	ted Agent: Identify	by name, addre	ess (phone number –	optional)						
	ted Agent: Identify	by name, addre	ess (phone number –	optional)						1 1
Full		by name, addre	ess (phone number –	• optional)						
Full	Name	by name, addre	ess (phone number -	• optional)						
Full	Name	by name, addre	ess (phone number -	optional)						
Full Maili	Name L		ess (phone number -	optional)					_   _   _   _   _   _   _   _   DE ▲	
Full Maili	Name								_   _   _   _   _   _   DE ▲ _   _	
Full Maili	Name L									
Full Maili TITI Banks o	Name				ephone	Number			-	
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Full Maili TIT Banks of safety de Name of Deposito	Name					Number			-	
Full Maili TIT Banks of safety de Name of Deposito	Name					Number			-	
Full Maili TIT Banks of safety de Name of Deposito	Name					Number			-	

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5(g) or (h).	Joint Fundraising	g Participant:			
1.			FEC I	D number	С
2.			FEC I	D number	С
3.			FEC I	D number	С
4.			FEC I	D number	С
S. Name	e of Any Connected (	Organization, Affiliated Committee, Joint Fund	Iraising Re	presentativ	e, or Leadership PAC Sponsor
	JLLIVAN VICTORY				
	Mailing Address	901 N WASHINGTON ST, SUITE 700			
	-				
				VA	22314
	Relationship:			STATE A	ZIP CODE
	Connected	Organization Affiliated Committee X Join	nt Fundraisin	ig Representa	ative Leadership PAC Sponso
B. Desig	gnated Agent: Identify	by name, address (phone number - optional)			
-	ull Name	by name, address (phone number – optional)			
F		by name, address (phone number - optional)			
F	ull Name	by name, address (phone number - optional)			
F	ull Name	by name, address (phone number - optional)			
F	ull Name				
F	ull Name				
F	ull Name				
F M 	ull Name			Number	
F M - - - - - - - - - - - - - - - - - -	ull Name          failing Address         TITLE OR POSITION			Number	
F M - - - - - - - - - - - - - - - - - -	ull Name		the comm	Number	
F M - - - - - - - - - - - - - - - - - -	ull Name		the comm	Number	s funds, holds accounts, rents
F M - - - - - - - - - - - - - - - - - -	Aailing Address		the comm	Number	s funds, holds accounts, rents
F M - - - - - - - - - - - - - - - - - -	Aailing Address		the comm	Number	s funds, holds accounts, rents

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

ZIP CODE

STATE 🔺

5(g) c	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
6.	Name of Any Connected C	Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
	Mailing Address			
		138 CONANT STREET, 2ND FLOOR		
				01915
	Relationship:		STATE A	
	Connected	Organization Affiliated Committee X Joint I	Fundraising Representa	ative Leadership PAC Sponsor
			Fundraising Represent	ative Leadership PAC Sponsor
8.		Organization Affiliated Committee X Joint I	Fundraising Represent	ative Leadership PAC Sponsor
8.			Fundraising Represent	Leadership PAC Sponsor
8.	Designated Agent: Identify		Fundraising Representa	Leadership         PAC         Sponsor
8.	Designated Agent: Identify		Fundraising Representa	Leadership         PAC         Sponsor
8.	Designated Agent: Identify		Fundraising         Representa	Leadership         PAC         Sponsor
8.	Designated Agent: Identify	by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Sponsor
8.	Designated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional)		
8.	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 T Banks or Other Depositori safety deposit boxes or main	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	
8.	Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION T	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 T Banks or Other Depositori safety deposit boxes or main Name of Bank,	by name, address (phone number – optional)	L	

1.						
			FEC II	) number	С	
2.			FEC II	) number	С	
3.			FEC II	) number	С	
4.			FEC II	) number	С	
Name of Any Con	nected Organization	, Affiliated Committee, Joint	Fundraising Rep	oresentativo	e, or Leadership	PAC Sponsor
CORNYN MA		∃E <u>↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓</u>				
Mailing Addre	228 S. WA	SHINGTON STREET				
	SUITE 115	; ;				
	ALEXAND	RIA	1	VA	22314	
Relationship:					ZIP	
	onnected Organization	Affiliated Committee	× Joint Fundraising			rship PAC Spon
Full Name						
Mailing Address	s	<u>                     </u>				
	I I I I					
			1			_
TITLE OB PO	SITION V			STATE ▲		
	DSITION ▼		Telephone N			

or(h).	•	Participant:					
1. 🗌				FEC	D number	С	
2.				FEC	D number	С	
з. 🗌				FEC	D number	С	
4.				FEC	D number	C	
Name o	f Any Connected O	)rganization. Affil	iated Committee. Joint	Fundraising Re	epresentative	e, or Leadership PAC Spon	sor
		-				· · ·	<u>   </u>
Ma	ailing Address	228 S WASHING	TON STREET SUITE 115				
					VA	22314	
Re	elationship:		CITY 🔺		STATE 🔺	ZIP CODE	
	ted Agent: Identify	by name, address	(phone number – optior	nal)			
Mail	ing Address						
	0						
	C .						
							<u>   </u>
тіт	LE OR POSITION						
тп			1	Telephone			
Banks o	LE OR POSITION	es: List all banks			Number	ZIP CODE A	       
Banks of safety de	LE OR POSITION	es: List all banks			Number		       ts
Banks of safety de Name of Deposito	LE OR POSITION	es: List all banks			Number		       ts
Banks of safety de Name of Deposito	LE OR POSITION	es: List all banks			Number		       ts
Banks of safety de Name of Deposito	LE OR POSITION	es: List all banks			Number		       ts 

(h). Joint Fundraising	y Participant:							
1.				0 number	С			
2.				0 number	С			
3.			FEC II	0 number	С			
4			FEC II	0 number	С			
lame of Any Connected	Organization, Affiliated Co	ommittee, Joint Fu	ndraising Re	presentative	e, or Lea	adership	PAC S	pons
Mailing Address	PO BOX 9891							
				VA	222	219	-	
				STATE A		ZIP	CODE	
			loint Fundraisin	g Representa	ative	Leade	ership PA	.C Sp
Connected	Organization Affiliated			g Representa	ative	Leade	ership PA	
Connected	Organization Affiliated			g Representa		Leade	ership PA	.C Spo
Connected	Organization Affiliated			g Representa		Leade	ership PA	C Sp(
Connected	Organization Affiliated			g Representa	ative	Leade	ership PA	.C Spo
Connected	Organization Affiliated			g Representa	ative			
Connected	Organization Affiliated	number – optional						
Connected resignated Agent: Identify Full Name Mailing Address TITLE OR POSITION	Organization Affiliated	number – optional	) 	STATE		ZIP (		
Connected  esignated Agent: Identify  Full Name Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or mail ame of Bank, appository, etc.	Organization Affiliated	number – optional	) 	STATE		ZIP (		
Connected  esignated Agent: Identify  Full Name Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or mail ame of Bank, appository, etc.	Organization Affiliated	number – optional	) 	STATE		ZIP (		

1.		FEC ID number	С	
2.		FEC ID number	С	
3.		FEC ID number	С	
4.		FEC ID number	С	
lame of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraising Representat	ve, or Lead	lership PAC Spo
	TEXAS			
	228 S WASHINGTON STREET SUITE 115			· · · · · · · ·
Mailing Address				
			2231	4
	CITY A Organization Affiliated Committee X J by name, address (phone number – optional)	STATE A		ZIP CODE ▲
Connected	Organization Affiliated Committee X J	pint Fundraising Represe		
Connected esignated Agent: Identify	Organization Affiliated Committee X J	pint Fundraising Represe		
Connected	Organization Affiliated Committee X J	pint Fundraising Represe		
Connected	Organization Affiliated Committee X J	pint Fundraising Represe		
Connected	Organization Affiliated Committee X J	pint Fundraising Represe		
Connected	Organization Affiliated Committee X J	Dint Fundraising Represe		Leadership PAC 5

1.								
I			FEC II	D number	С			
2.			FEC II	D number	С			
3.			FEC II	D number	С			I
4.			FEC II	D number	С			l
<u> </u>								
Name of Any Conn	ected Organization, At	ffiliated Committee, Joint	Fundraising Re	oresentative	e, or Lead	ership PA	C Spons	50
GRAHAM MAJ								
	228 S. WASH							
Mailing Addres	S							
	STE. 115							
				VA	2231	4	-	
Relationship:		CITY A		STATE 🔺		ZIP CC	DE 🔺	
	Identify by name, addre	ess (phone number – option	nal)					
Full Name	Identify by name, addre	ess (phone number – option	nal)		1 1 1 1	1 1 1		
	Identify by name, addre	ess (phone number – option	nal)					
Full Name	Identify by name, addre	ess (phone number – option	nal)					
Full Name	Identify by name, addre	ess (phone number - option	nal)					
Full Name		ess (phone number – option	nal)	   STATE ▲				

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5(g) or (h).	Joint Fundraising	Participant:		
1.	. [		FEC ID number	C
2	2		FEC ID number	C
3	3.		FEC ID number	C
4			FEC ID number	С
6. <b>Nam</b>	e of Any Connected C	Drganization, Affiliated Committee, Joint Fundra	ising Representative,	or Leadership PAC Sponsor
D	AINES VICTORY 20	20		
	Mailing Address	228 S. WASHINGTON ST.		
		STE. 115		
				22314
	Relationship:		STATE A	ZIP CODE A
	Connected	Organization Affiliated Committee X Joint	Fundraising Representat	ive Leadership PAC Sponsor
8. Desig	gnated Agent: Identify	by name, address (phone number – optional)		
	gnated Agent: Identify	by name, address (phone number – optional)		
F		by name, address (phone number - optional)		
F	Full Name	by name, address (phone number - optional)		
F	Full Name	by name, address (phone number - optional)		
F	Full Name			
F	Full Name			
F	Full Name			
9. <b>Bank</b>	Full Name		ephone Number	
9. <b>Bank</b>	Full Name		ephone Number	
9. Bank safet Name	Full Name		ephone Number	
9. Bank safet Name	Full Name	CITY ▲	ephone Number	
9. Bank safet Name	Full Name	CITY ▲	ephone Number	
9. Bank safet Name	Full Name	CITY ▲	ephone Number	

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
Name of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Sponsor
COTTON VICTORY			
Mailing Address	901 N WASHINGTON STREET		
	SUITE 700		
			22314
Relationship:	CITY A	STATE A	ZIP CODE
Connected	d Organization	Fundraising Represent	ative Leadership PAC Spons
Designated Agent: Identify	v by name, address (phone number - optional)		
Designated Agent: Identify	v by name, address (phone number – optional)		
	/ by name, address (phone number – optional)		
Full Name	/ by name, address (phone number - optional)		
Full Name	v 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	<pre></pre>

CITY

STATE **A** 

ZIP CODE

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	C
	-	Organization, Affiliated Committee, Joint Fundrais	sing Representativ	e, or Leadership PAC Sponsor
CO		EE 		
r	Mailing Address	PO BOX 2969		
	-			
		FARMINGTON HILLS		48333
F	Relationship:		STATE	
	Connected	Organization Affiliated Committee X Joint Fu	Indraising Represent	ative Leadership PAC Sponsor
Desiar	nated Agent: Identifv	by name, address (phone number - optional)		
	nated Agent: Identify	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	by name, address (phone number - optional)		
Fu	ill Name			<pre></pre>
Fu	II Name		   STATE ▲	<pre></pre>
Fu	ill Name			· · · · · · · · · · · · · · · · · · ·
Fu Ma T  Banks	II Name		bhone Number	
Fu Ma T <b>Banks</b> safety	II Name		bhone Number	
Fu Ma T <b>Banks</b> safety Name	II Name		bhone Number	
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5(g) or (h). Joint Fu	ndraising Participant:	
1.		FEC ID number
2.		FEC ID number
3.		FEC ID number C
4.		FEC ID number
-		ndraising Representative, or Leadership PAC Sponsor
Mailing Addr	ress	
	138 CONANT STREET, SECOND FLOOR	<u> </u>
		MA 01915
Relationship	CITY 🔺	STATE A ZIP CODE A
	Connected Organization Affiliated Committee X Jo	bint Fundraising Representative Leadership PAC Sponsor
8. Designated Agen	<b>t:</b> Identify by name, address (phone number – optional)	
Full Name		
Mailing Addres	3S	
TITLE OR PO	OSITION ▼ CITY ▲	STATE ▲ ZIP CODE ▲
		Telephone Number
9. Banks or Other I safety deposit box	Depositories: List all banks or other depositories in whites or maintains funds.	ch the committee deposits funds, holds accounts, rents
Name of Bank,		
Depository, etc.		
Mailing Add	Iress	

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	Organization, Affilia	ated Committee, Joir	nt Fundraising	g Representative	e, or Lead	dership F	PAC Spons
TIM			JITY 					
M	lailing Address	1405 ASHLEY RI\	/ER ROAD					
		CHARLESTON			SC	294	07	-
	elationship:	<u> </u>			STATE A		ZIP C	
	Connected		Affiliated Committee	_	raising Represent	ative	Leaders	hip PAC Sp
	Connected			_	aising Represent	ative	Leaders	hip PAC Sp
<b>Design</b> a Full	Connected ated Agent: Identify Name			_	aising Represent	ative		hip PAC Sp
<b>Design</b> a Full	Connected			_	raising Represent	ative	Leaders	hip PAC Sp
<b>Design</b> a Full	Connected ated Agent: Identify Name			_	raising Represent	ative	Leaders	hip PAC Sp
<b>Design</b> a Full	Connected ated Agent: Identify Name		(phone number – opt	_		ative		
<b>Design</b> a Full Mai	Connected ated Agent: Identify Name	by name, address (		_	raising Represent	ative	Leadersi	

		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 O	rganization, Af	filiated Committee,	Joint Fundrais	ing Representati	ve, or Le	eadership	PAC Spo	onso
BLUNT V	CTORY COM	MITTEE							
Mailing	Address	228 S. WASHI							
		SUITE 115							
						22	2314	-	1
							ZIP		
Relation	ship:	Organization	CITY  Affiliated Committee	X Joint Fu	Indraising Represer	ntative	Leade	rship PAC	Spor
Designated A	Connected ( gent: Identify I		-			ntative	Leade		Spon
<b>Designated A</b> Full Name	gent: Identify I		Affiliated Committee						Spon
Designated A	gent: Identify I		Affiliated Committee			ntative			Spon
<b>Designated A</b> Full Name	gent: Identify I		Affiliated Committee						Spon
<b>Designated A</b> Full Name	gent: Identify I		Affiliated Committee					rship PAC	Spon:
<b>Designated A</b> Full Name Mailing Ad	gent: Identify I	by name, addres	Affiliated Committee						Spon

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

ZIP CODE

STATE **A** 

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
Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
Mailing Address	228 S WASHINGTON STREET #115		
	1		
Relationship:		STATE A	
Connecte	d Organization Affiliated Committee X Joint F	Fundraising Represent	ative Leadership PAC Spons
Connecte		Fundraising Represent	ative Leadership PAC Spons
Designated Agent: Identif		Fundraising Represent	ative Leadership PAC Spons
Designated Agent: Identif		Fundraising Represent	ative Leadership PAC Spons
Designated Agent: Identif		Fundraising Represent	ative Leadership PAC Spons
Connecter	y by name, address (phone number – optional)	Fundraising Represent	ative Leadership PAC Spons
Designated Agent: Identif	y by name, address (phone number – optional)		
Connecter Connec	y by name, address (phone number – optional)	STATE	
Connecter Connec	y by name, address (phone number – optional)	STATE	
Connecter Connec	y by name, address (phone number – optional)	STATE	
Connecter Connec	y by name, address (phone number – optional)	STATE	
Connecter Connec	y by name, address (phone number – optional)	STATE	

1.       FEC ID number       C         2.       FEC ID number       C         3.       FEC ID number       C         4.       FEC ID number       C         Mailing Address       228 S. WASHINGTON STREET       FEC ID number         Mailing Address       228 S. WASHINGTON STREET       FEC ID number	;pons
2.	;pons
4 FEC ID number C	;pons
4.       FEC ID number       C         Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC S         HAWLEY VICTORY COMMITTEE         Mailing Address       228 S. WASHINGTON STREET	\$pons
Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC s         HAWLEY VICTORY COMMITTEE         HAWLEY VICTORY COMMITTEE	ipons
HAWLEY VICTORY COMMITTEE         HAWLEY VI	Spons
Mailing Address       228 S. WASHINGTON STREET	
Mailing Address	
Mailing Address	
Mailing Address	
SUITE 115	
ALEXANDRIA VA 22314 -	
Relationship:   CITY ▲   STATE ▲   ZIP CODE	
Connected Organization Affiliated Committee X Joint Fundraising Representative Leadership P	C Sp
Full Name	
Mailing Address	
TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE A	•
Telephone Number	

1.					FEC II	D number	С			
2.					FEC II	D number	С			
3.					FEC II	D number	С			
4.					FEC II	D number	С			
Name of A	ny Connected O	rganization, A	ffiliated Committ	ee, Joint Fur	ndraising Re	oresentativ	e, or Lea	adership	PAC S	pons
WICKE		OMMITTEE								1 1
Mailin	g Address	228 S WASHI	NGTON STREET S	SUITE 115						
			<b>X</b>			VA	22	314		
						STATE A		ZIP	CODE	
	Connected		CITY A		oint Fundraisin		ative		ership PA	
Designated	Agent: Identify I		_		pint Fundraising		ative			
<b>Designated</b> Full Nar	Agent: Identify I		Affiliated Comm				ative			
Designated	Agent: Identify I		Affiliated Comm				ative			
<b>Designated</b> Full Nar	Agent: Identify I		Affiliated Comm		bint Fundraising		ative			
<b>Designated</b> Full Nar Mailing	Agent: Identify I ne	by name, addre	Affiliated Commenses (phone number			g Represent:	ative	Leade	ership PA	C Spo
<b>Designated</b> Full Nar Mailing	Agent: Identify I	by name, addre	Affiliated Commenses (phone number			g Represent	ative	Leade		C Spo

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	C
3.			FEC ID number	С
4.			FEC ID number	C
Name	of Any Connected O	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
		Y COMMITTEE		
N	lailing Address			
		STE. 115		
			VA	22314
R	elationship:		STATE	
	Connected 0	Organization Affiliated Committee X Joint	Fundraising Represent	ative Leadership PAC Sponsor
_	Name	by name, address (phone number – optional)		
Mai	iling Address			
		1		
			STATE A	
TIT	TLE OR POSITION V			
			lephone Number	
Banks safety c	or Other Depositorie deposit boxes or main	es: List all banks or other depositories in which t ntains funds.	the committee deposit	s funds, holds accounts, rents
Name o	of Bank			
	ory, etc.			
I	Mailing Address			

CITY

STATE **A** 

ZIP CODE

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1					
1			FEC	ID number	С
2.			FEC	ID number	C
3.			FEC	ID number	C
4.			FEC	ID number	C
Name of Any Conne	cted Organization, A	ffiliated Committee, Joint	Fundraising R	epresentativ	e, or Leadership PAC Sponsor
Mailing Address	PO BOX 183				
	HUDSON		1		54016
Relationship:				STATE ▲	
	ected Organization	Affiliated Committee	Joint Fundrais	ng Represent	ative Leadership PAC Spon
			-	ing Represent	ative Leadership PAC Spon
Designated Agent: Id			-	ng Represent	ative Leadership PAC Spon
Designated Agent: Id			-	ng Represent	
Designated Agent: Id			-	ng Represent	
Designated Agent: Id Full Name	entify by name, addre	ess (phone number – option	-		ative Leadership PAC Spon
Designated Agent: Id	entify by name, addre		-		

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5(g) or (h).	Joint Fundraising	Participant:	
1.			FEC ID number
2.			FEC ID number
3.			FEC ID number C
4.			FEC ID number
6. Name of	Any Connected O	organization, Affiliated Committee, Joint Fund	draising Representative, or Leadership PAC Sponsor
	DAY MEETING P	AC	
Ма	iling Address	228 S. WASHINGTON STREET	
		SUITE 115	
			VA 22314
Rel	ationship:	CITY 🔺	STATE ▲ ZIP CODE ▲
	Connected	Organization Affiliated Committee X Join	nt Fundraising Representative Leadership PAC Sponsor
8. Designat	ed Agent: Identify I	by name, address (phone number – optional)	
Full N	Name		
Mailir	ng Address		
TITL	E OR POSITION <b>•</b>	CITY A	STATE A ZIP CODE A
		1	Telephone Number
	r <b>Other Depositori</b> e posit boxes or main		h the committee deposits funds, holds accounts, rents
Name of Depositor			
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1.								
I			FEC II	D number	С			
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Name of Any Conn	ected Organization, At	ffiliated Committee, Joint	Fundraising Re	oresentative	e, or Lead	ership PA	C Spons	50
GRAHAM MAJ								
	228 S. WASH							
Mailing Addres	S							
	STE. 115							
				VA	2231	4	-	
Relationship:		CITY A		STATE 🔺		ZIP CC	DE 🔺	
	Identify by name, addre	ess (phone number – option	nal)					
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									_
Name of	Any Connected	Organization, Affi	iliated Committee, Join	t Fundraising F	Representativ	e, or Lead	dership	PAC Spor	ns
TEAN	I RAND								
Mai	iling Address	PO BOX 190							
		NEWPORT		1	KY	4107	72	_  _	1
							ZIP (		-
		Organization		X Joint Fundrais	sing Represent	ative	Leaders	hip PAC S	) -
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<b>Designat</b> Full N	Connected ed Agent: Identify Name				sing Represent	ative	Leaders	hip PAC S	
<b>Designat</b> Full N	Connected ed Agent: Identify				sing Represent	ative	Leaders	hip PAC S	
<b>Designat</b> Full N	Connected ed Agent: Identify Name				sing Represent	ative	Leaders	hip PAC S	
Designat Full N	Connected ed Agent: Identify Name		s (phone number – optic			ative			
<b>Designat</b> Full N Mailir	Connected ed Agent: Identify Name	by name, addres			sing Represent	ative	Leaders		

1.														
						FEC	ID nu	umber	С	_			_	_
2.						FEC	D nu	umber	С				_	
3.						FEC	ID nu	umber	С					
4.						FEC	ID nu	umber	С					
Name of An	y Connected	Organization, A	Affiliated Co	ommittee, J	oint Fund	Iraising I	Repres	entativ	e, or	Leade	ership	PAC	Spo	ons
		I PO BOX 989	1											
Mailing	J Address													
		ARLINGTON						VA	L	22219				
Relatio	Connected	Organization by name, addr	Affiliated	ITY ▲ Committee number – c		nt Fundrai:		Present	ative		ZIP Leade	COD rship		Sp
	Connected	-	Affiliated	Committee		nt Fundrai:			ative					Sp
Designated <i>i</i>	Agent: Identify	-	Affiliated	Committee		nt Fundrais			ative					Sp
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Name o	f Any Connected	Organization, Aff	iliated Committee, Join	t Fundraising	Representativ	e, or Leade	ership PAC	Sponso
TEAN								
Ma	ailing Address	PO BOX 93441						
					IA	50393		
_	lationship:		CITY A		STATE		ZIP COL	
Re								
		Organization by name, addres	Affiliated Committee	X Joint Fundra	ising Represent	ative L	_eadership	PAC Spor
Designa					ising Represent	ative L	_eadership	PAC Spor
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<b>Designa</b> Full	ted Agent: Identify				ising Representa	ative L	_eadership	PAC Spor
<b>Designa</b> Full	ted Agent: Identify				ising Representa	ative L	_eadership	PAC Spor
<b>Designa</b> Full Maili	ted Agent: Identify Name	by name, addres			ising Representa		_eadership	
<b>Designa</b> Full Maili	ted Agent: Identify Name ng Address _E OR POSITION	by name, addres	s (phone number – opti	onal)				

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

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1.		Participant:																
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2.								F	EC II	D num	ber	С						
3.								F	EC II	D num	ber	С						
4.								F	EC II	D num	ber	С						
Name c	of Any Connected C	Organization, A	ffiliated	Comm	ittee, J	loint	Fund	raisin	g Re	presen	tativ	e, or	Leade	ershi	p P	AC	Spo	nsor
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		1 228 S. WASH		ст														
М	ailing Address			<u> </u>														
		STE. 115																
			<b>.</b>				1 1			V	A		22314	1	1	-	1	
Re	elationship:			CITY						STAT				ZIF	РС	ODE		
Designa	ted Agent: Identify	by name, addre	ess (pho	ne num	bor													
Full	Name					optioi	nal)		I	1 1					1		I	
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	ndraising Participant:					
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Name of Any Con	nocted Organization A	ffiliated Committee, Joint Fu	Indraising Boprose	ntativo or Lo	adarshin BAC Spor	neor
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Mailing Addre	228 S WASH	NGTON STREET SUITE 115				
		<b>\</b> 		VA 22	2314	
Relationship:		CITY 🔺	STA		ZIP CODE 🔺	
Full Name		ess (phone number - optiona	)			
Mailing Address	s					
TITLE OR POS				⊥		
		I	Telephone Numbe		–	
Banks or Other De	epositories: List all ban	I	Telephone Numbe	er 🛄 🖂	-	⊥ ⊥⊥ ⊥ ⊥⊥ nts
Banks or Other De safety deposit boxes Name of Bank,			Telephone Numbe	er 🛄 🖂	-	nts
Banks or Other Desafety deposit boxes Name of Bank, Depository, etc.	epositories: List all ban s or maintains funds.		Telephone Numbe	er 🛄 🖂	-	
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			FEC II	D number	С		
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Name of Any Connected O	rganization, Affiliate	ed Committee, Joint	Fundraising Re	presentative	e, or Leade	ership PAC Sp	ons
	Y FUND						
Mailing Address	PO BOX 3241						
	BRENTWOOD		1		37024	·	
Relationship:				STATE ▲			
Connected C	<b>П</b>	iliated Committee	Joint Fundraisin	<b>_</b>		Leadership PAC	
Full Name							
Mailing Address							
		CITY 🔺		OTATE A			
TITLE OR POSITION ▼	,			STATE 🔺		ZIP CODE	
TITLE OR POSITION ▼	,	1	Telephone N				

FEC ID number C   rganization, Affiliated Committee, Joint Fundraising Representative, or Lear DMMITTEE PO BOX 13026 AUSTIN CITY A STATE A organization Affiliated Committee Y name, address (phone number – optional)	Leadership PAC Spons
FEC ID number   FEC ID number FEC ID number C FEC ID number C C C PO BOX 13026 PO BOX 13026 O BOX 13026 CITY A STATE A Organization Affiliated Committee Affiliated Committee Y Joint Fundraising Representative	78711 
FEC ID number       C         rganization, Affiliated Committee, Joint Fundraising Representative, or Lead         DMMITTEE         PO BOX 13026         AUSTIN         NC         CITY ▲         STATE ▲         Organization         Affiliated Committee	78711 
rganization, Affiliated Committee, Joint Fundraising Representative, or Lear         DMMITTEE         PO BOX 13026         AUSTIN         NC       787         CITY ▲       STATE ▲         Drganization       Affiliated Committee	78711 
DMMITTEE   PO BOX 13026   AUSTIN   CITY ▲   STATE ▲   Organization   Affiliated Committee   X Joint Fundraising Representative	78711 
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5(g) or (ł	n). Joint Fundraisin	g Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	С
- N	amo of Any Connected	Organization, Affiliated Committee, Joint Fundrai	ioing Donrocontativ	ar Loodorphin DAC Spansor
6. <b>N</b> a				
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	Mailing Address	P.O. BOX 9891		
				22219
	Relationship:	CITY 🔺	STATE 🔺	ZIP CODE
	Connected	I Organization Affiliated Committee X Joint F	Fundraising Representa	ative Leadership PAC Sponsor
8. <b>D</b> e	esignated Agent: Identify	v by name, address (phone number – optional)		
8. <b>D</b> e	Full Name	v by name, address (phone number – optional)		
		y by name, address (phone number - optional)		
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—	Full Name	<pre>v by name, address (phone number - optional) v by name, addre</pre>		
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—	Full Name		STATE	· · · · · · · · · · · · · · · · · · ·
9. <b>B</b> a sa Na	Full Name		ephone Number	s funds, holds accounts, rents
9. <b>B</b> a sa Na	Full Name Mailing Address TITLE OR POSITION		ephone Number	s funds, holds accounts, rents
9. <b>B</b> a sa Na	Full Name Mailing Address TITLE OR POSITION  anks or Other Depositor fety deposit boxes or ma ame of Bank, epository, etc		ephone Number	s funds, holds accounts, rents

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

		Participant:		
1.			FEC ID number	С
2.			FEC ID number	C
3.			FEC ID number	C
4.			FEC ID number	C
		Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
TEA				
Μ	ailing Address	228 S. WASHINGTON STREET		
		SUITE 115		
				22314
R	elationship:		STATE ▲	
	Connected	Organization Affiliated Committee X Joint	Fundraising Represent	ative Leadership PAC Spons
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)		
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Name of A	Any Connected	Organization	, Affiliate	ed Com	mittee,	Joint	Fundr	aising	Re	oreser	tative	e, or	Lead	lersh	ip P/	AC S	pon	sor
BANK		ND																
Maili	ing Address	PO BOX 3	0844						1									
Ivialii	ing Address																	
			<u> </u>							 M		<u> </u>	2082	<u> </u>				
Rela	ationship:			CITY						STAT		L						
i leia		Organization		filiated C						g Repr			-	21	F U	JDE		
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	g Address E OR POSITION	<pre></pre>		CITY						STATE				ZIP				

1.		FEC ID number	C
2.		FEC ID number	С
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-	l Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
Mailing Address	228 S. WASHINGTON ST.		
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			22314
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Relationship:	CITY 🔺	STATE 🔺	ZIP CODE
	d Organization Affiliated Committee X Joint	Fundraising Representa	ative Leadership PAC Spons
		Fundraising Representa	ative Leadership PAC Spons
Designated Agent: Identi		Fundraising Representa	ative Leadership PAC Spons
Designated Agent: Identi		Fundraising Representa	ative Leadership PAC Spons
Designated Agent: Identi		Fundraising     Representa	ative Leadership PAC Spons
Designated Agent: Identi	fy by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC Spons
Designated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)		

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	aising Representativ	e, or Leadership PAC Sponsor
	Mailing Address	228 S. WASHINGTON STREET		
		SUITE 115		
	Relationship:		STATE A	
	Connected	I Organization Affiliated Committee X Joint	Fundraising Represent	ative Leadership PAC Spons
	nated Agent: Identify	I Organization       Affiliated Committee       X       Joint         r by name, address (phone number – optional)	Fundraising Represent	
Fu	unated Agent: Identify		Fundraising Represent	
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Fu	nated Agent: Identify	by name, address (phone number – optional)		
Fu Ma T 	nated Agent: Identify ull Name ailing Address	ries: List all banks or other depositories in which t		
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Fu Ma T Banks safety Name	nated Agent: Identify ull Name ailing Address	ries: List all banks or other depositories in which t		
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Fu Ma T Banks safety Name	anated Agent: Identify ull Name lailing Address	ries: List all banks or other depositories in which t		

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

	g Participant:		
1.		FEC ID number	C
2.		FEC ID number	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
SHEEHY VICTORY C			
Mailing Address	228 S WASHINGTON ST		
	STE 115		
			22314
Relationship:		STATE	
Connected	Organization Affiliated Committee X Joint	Fundraising Represent	ative Leadership PAC Spon
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          Mailing Address         TITLE OR POSITION            Banks or Other Depositor         safety deposit boxes or ma	CITY A	lephone Number	
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Full Name          Mailing Address         TITLE OR POSITION            Banks or Other Depositor         safety deposit boxes or ma         Name of Bank,         Depository, etc.	CITY A	lephone Number	

CITY

STATE **A** 

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				FE	C ID number	С			
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Name of Any Co	onnected Orga	nization, Affiliate	ed Committee, Joint	Fundraising	Representati	ve, or Le	adership	PAC S	pons
		ND							
<u> </u>		O BOX 25376							
Mailing Add	dress								
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	Connected Orga		CITY  filiated Committee bhone number – optic	_	uising Represer	Itative	Leade	ership PA	.C Sp
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(g) or (h).	Joint Fundraising	J Participant:	
1.			FEC ID number
2.			FEC ID number C
3.			FEC ID number C
4.			FEC ID number C
Name o	of Any Connected (	Organization, Affiliated Committee, Joint Fundra	aising Representative, or Leadership PAC Sponso
M	ailing Address	228 S WASHINGTON STREET SUITE 115	
			VA   22314
Re	elationship:		STATE A ZIP CODE A
			Fundraising Representative Leadership PAC Spo
Designa	ated Agent: Identify	by name, address (phone number - optional)	
Full	Name		
Mail	ling Address		
тіт	LE OR POSITION		STATE ▲ ZIP CODE ▲
			elephone Number
Banks o	or Other Depositor	ies: List all banks or other depositories in which t	the committee deposits funds, holds accounts, rents
safety d	eposit boxes or mai	ntains funds.	
Name o Deposito			
Ν	Ailing Address		
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Any Connected Or	rganization, Affilia			number number number number	C C C C		
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OR POSITION V	,				Z		
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	ame	tionship: Connected Organization A A Agent: Identify by name, address ( ame	#24 SAINT LOUIS SAINT LOUIS CITY ▲ Connected Organization Affiliated Committee × d Agent: Identify by name, address (phone number – optior ame	#24   SAINT LOUIS   itionship:   Connected Organization   Affiliated Committee   X Joint Fundraising   ame g Address I Identify by name, address (phone number – optional) ame I Identify by name, address (phone number – optional) ame CITY ▲ CITY ▲ CITY ▲ CITY ▲ S Identify Big Provide the state of the state	ing Address   #24 SAINT LOUIS STATE ▲ CITY ▲ STATE ▲ Connected Organization Affiliated Committee Affiliated Committee Joint Fundraising Representation Address Address Address CITY ▲ STATE ▲ CITY ▲ STATE ▲ CITY ▲ STATE ▲ CITY ▲ STATE ▲	ing Address  #24 #24 SAINT LOUIS SAINT LO	ing Address      #24 SAINT LOUIS Ationship: CITY ▲ STATE ▲ ZIP CODE Affiliated Committee A filiated Committee A Joint Fundraising Representative Leadership PAC Address Address CITY ▲ STATE ▲ ZIP CODE ▲ CITY ▲ STATE ▲ ZIP CODE ▲

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

or(h). Joint Fundraisir	ng 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		aising Representative	e, or Leadership PAC Sponsor
Mailing Address	3275 NORTH FORT APACHE ROAD		
	150 		
			89129
Relationship:		STATE	
Connecte	d Organization	Fundraising Representa	ative Leadership PAC Spons
Full Name			
Mailing Address			
			-
TITLE OR POSITION		STATE A	
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safety deposit boxes or m	<b>pries:</b> List all banks or other depositories in which t aintains funds.	the committee deposit	s tunds, noids accounts, rents
Name of Bank,			
Depository, etc.			
Mailing Address			
Mailing Address			

CITY

STATE **A** 

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		Participant:							
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, Affili	ated Committee, Jo	int Fundrais	ing Representativ	ve, or L	eadershi	p PAC S	ponso
SEN		CTORY 2024							
						1 1			
		421 OFFICE PAF							
M	ailing Address								
		BIRMINGHAM					35223		
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			CITY A Affiliated Committee (phone number – op	_	STATE		-	⊃ CODE ership PA	
Designa	Connected		Affiliated Committee	_			-		
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<b>Designa</b> Full Mail	Connected	by name, address	Affiliated Committee	_			Lead		.C Spo
<b>Designa</b> Full Mail	Connected  ated Agent: Identify Name Iing Address  TLE OR POSITION	by name, address	Affiliated Committee (phone number – op	otional)	ndraising Represer		Lead	ership PA	.C Spo

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5(g) o	r(h). Joint Fundraisin	g Participant:		
	1		FEC ID number	C
	2.		FEC ID number	C
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	4.		FEC ID number	С
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6.	-	Organization, Affiliated Committee, Joint Fundra ADERSHIP COUNCIL COMMITTEE	lising Representativ	e, or Leadership PAC Sponsor
	Mailing Address	421 OFFICE PARK DR		
				35223
	Relationship:		STATE	
	Connected	d Organization	Fundraising Represent	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	v by name, address (phone number – optional)		
	Full Name			
	Mailing Address			
		1		-
	TITLE OR POSITION		STATE A	ZIP CODE
			ephone Number	
- 9.	Banks or Other Deposito	ries: List all banks or other depositories in which t	he committee deposi	ts funds, holds accounts, rents
	safety deposit boxes or ma			
	Name of Bank, Depository, etc.			
	Mailing Address			