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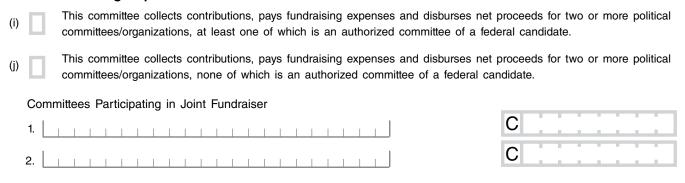
10/04/2023 16 : 10

STATEMENT	OF
ORGANIZATI	ON

FEC FORM 1		STATEN ORGAN				Office Use Or	PAGE 1 / 4
1. NAME OF COMMITTEE (in	full)	(Check if nar is changed)		ample:If typing, type er the lines.	12FE4M5	5	
	Princi	ples PAC					
ADDRESS (number ar	nd street)	3987 Esther Ave					
X ◀ (Check if a is changed							
	,	Kiron CITY ▲			LIA STATE ▲	51448	P CODE▲
COMMITTEE'S E-MA	IL ADDRES	S					
X ◀ (Check if a is changed		ann@teamhmg.com					
		Optional Second E-N	Iail Address				
COMMITTEE'S WEB	ddress	RESS (URL)					
2. DATE 09	M / 25	2023					
3. FEC IDENTIFIC	ATION NU	MBER ►	C C004288	39			
4. IS THIS STATEM		NEW (N)	OR >	AMENDED (A)			
I certify that I have e	xamined thi	s Statement and to th	e best of my	knowledge and belief	it is true, correct	t and complete	
Type or Print Name of	of Treasurer	Trimble-Ray, Ann, , ,					
Signature of Treasure	r Trimbl	e-Ray, Ann, , ,			Date 10	M / D D 04	/ 2023
NOTE: Submission of f	alse, errone		-	bject the person signing	-		of 52 U.S.C. §30109
Office Use Only				For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100			ORM 1 06/2012)

FEC Form 1 (Revised 03/2022)	Page <b>2</b>
. TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information below.)	)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Com information below.)	plete the candidate
Name of	<u></u>
Candidate Office Party Affiliation Office Sought: House Senate Presider	StatentDistrict
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
(d) This committee is a or subordinate) committee of the Rep Political Action Committee (PAC):	emocratic, publican, etc.) Party
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its c	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) X This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	egregated 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 (H	ybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	

## Joint Fundraising Representative:



Relationship:

Connected Organization

Γ	-						
•	FEC Form 1 (Revised 02	2/2009)					Page <b>3</b>
٧	Vrite or Type Committee Name						
	<b>Conservative Pri</b>	nciples	S PAC				
6.	Name of Any Connected Or	ganization	, Affiliated	Committee,	Joint Fundraisin	g Representative, or	Leadership PAC Sponsor
	Mailing Address						
				CITY <b>▲</b>		STATE ▲	ZIP CODE

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

Joint Fundraising Representative

Leadership PAC Sponsor

Affiliated Organization

Trin	nble-Ray, Ann, , ,			
Full Name				
Mailing Address	PO Box 17			
	Early			50535
		CITY 🔺	STATE 🔺	ZIP CODE
Title or Position ▼				
treasurer		Te	lephone 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	Trimble-Ray, Ann, , ,
Mailing Address	PO Box 17
	Early [A] 50535
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	7
treasurer	Telephone number 712 660 1152

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Full Name of Designated Agent	King, Steve, , ,	
Mailing Address	3897 Esther Ave	
	Kiron IA 51448	
	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.

	Citizens First National Bank		
Mailing Address	PO Box 1227		
	Storm Lake		88
	CITY 🔺	STATE A	ZIP CODE ▲
Name of Bank, [			
Mailing Address			
	CITY A	STATE 🔺	ZIP CODE