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STATEMENT OF ORGANIZATION

FEC FORM 1	STATEMEN ORGANIZA	_	Offic	PAGE 1 / 9
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Together Holding	Our Majority PA			
ADDRESS (number and street)	PO Box 97275			
(Check if address is changed)				
ie changea,	Raleigh └────────────────────────────────────		NC 2762 STATE ▲	4 ZIP CODE▲
COMMITTEE'S E-MAIL ADDRE	SS			
(Check if address is changed)	THOMPAC@cmandco.	com		
- <i>i</i>	Optional Second E-Mail Add	ress		
COMMITTEE'S WEB PAGE AD	DRESS (URL)	n 		
2. DATE 07 / 18	D / Y Y Y Y B 2023			
3. FEC IDENTIFICATION N	JMBER ► C CO	0571323		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
I certify that I have examined th	nis Statement and to the best	of my knowledge and belief it	is true, correct and c	complete.
Type or Print Name of Treasure	r McMichael, Collin, , ,			
Signature of Treasurer	ichael, Collin, , ,	[Electronically Filed]	Date 07	25 / Y Y Y Y 2023
NOTE: Submission of false, errono		nay subject the person signing the ION SHOULD BE REPORTED N		enalties of 52 U.S.C. §3010
Office Use Only		For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100	on r	EC FORM 1 (Revised 06/2012)

FE	C Form 1 (Revised 03/2022)	Page 2
5.	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. (Complete the ca information below.)	ndidate
	Name of Candidate	
	Candidate Office Party Affiliation Office Sought: House Senate President	State
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee: (d) This committee is a (National, State or subordinate) committee of the Party 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 or	ganization is a:
	Corporation Corporation w/o Capital Stock Labor Organ	ization
	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 separate segregated fur committee. (i.e., nonconnected committee)	nd or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	(g) This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	

Joint Fundraising Representative:

(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or 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.

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

Together Holding Our Majority PAC

6.	Name of Any Connected Or NC RED	ganization, <i>I</i>	Affilia	ted	Cor	nmi	ittee	e, J	oin	t F	un	dra	isir	ng	Rep	ore	sei	ntat	ive	e, o	r L	ead	der	shi	ρF	PAC	Sp	oon	sor	
	Mailing Address	PO BOX 972	275																											
		RALEIGH															[NC				276	24							
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	Relationship: Connected	Organization	x A	ffilia	ted (Orga	aniza	atio	n		J	loint	Fu	ndr	aisi	ng	Re	pre	sen	tativ	/e			Lea	ade	ershi	рF	AC	Spo	onsoi

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

McMichael,	Collin, , ,			
Full Name				
Mailing Address	PO Box 97275			
	Raleigh │		NC 27624	
	CITY 🔺		STATE 🔺	ZIP CODE
Title or Position ▼				
Treasurer		Telephone nu	mber 919 -	889

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	McMichael, Collin, , ,
of Treasurer	
Mailing Address	PO Box 97275
	Raleigh NC 27624 Image: Imag
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	,
Treasurer	Image:

FEC Form 1 (Revised 02	2/2	200)9)]	Pag	e Z	1		
Full Name of Designated Agent																										1	
Mailing Address	L																										
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Title or Position ▼																											
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Name of Bank,	Depository, etc.
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Truist I	Bank		
Mailing Address	6659 Falls of Neuse Road		
	Raleigh	NC 27615	
	CITY A	STATE A	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY A	STATE A	ZIP CODE

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5(g) or (h).	Joint	Fundraising	Participant:
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6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor TILLIS, THOM R, , ,

1					
Mailing Address	PO BOX 97396				
5					
	RALEIGH			NC 276	624
Relationship:		CITY A		STATE A	ZIP CODE
Connected	Organization Affiliat	ed Committee	Joint Fundraising	Representative	Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name				
Mailing Address				
TITLE OR POSITION	•	CITY A	STATE A	ZIP CODE
		Telep	hone Number	

Name of Bank, Depository, etc.																							
Mailing Address	L																						
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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	С
4.		FEC ID number	С

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor TILLIS MAJORITY COMMITTEE

1					
Mailing Address	PO Box 97275				
	Raleigh			NC 2762	24
Relationship:		CITY 🔺		STATE A	ZIP CODE
Connected	Organization Affilia	ted Committee	X Joint Fundraising	Representative	Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name				
Mailing Address				
TITLE OR POSITION	•	CITY A	STATE A	ZIP CODE
		Telep	hone Number	

Name of Bank, Depository, etc.																									
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5(g) or (h).	Joint Fundraising Participant:	
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1 FEC	D number
2 FEC	D number
3 FEC	D number C
4.	D number C

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor TILLIS-NRSC COMMITTEE

Mailing Address	PO BOX 97275				
	RALEIGH				24
Relationship:		CITY A		STATE A	ZIP CODE
Connected	Organization Affiliat	ted Committee	Joint Fundraising	Representative	Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name		
Mailing Address		
TITLE OR POSITION	STATE A	ZIP CODE
	 elephone Number	

Name of Bank, Depository, etc.																							
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5(g) or (h).	Joint	Fundraising	Participant:

1	FEC ID number
2.	FEC ID number
3.	FEC ID number
4.	FEC ID number

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor TILLIS AND COLLEAGUES VICTORY COMMITTEE

Mailing Address	228 S. WASHINGTON ST.		
	STE. 115		
		VA 22314 –	
Relationship:	CITY 🔺	STATE ▲ ZIP CODE ▲	
Connected	Organization Affiliated Committee	X Joint Fundraising Representative	ponsor

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name																																
Mailing Address	L						1																							1		
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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	С
4.	FEC ID number	С

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor MONDAY MEETING PAC

Mailing Address			
	SUITE 115		
			22314
Relationship:	CITY 🔺	STATE 🔺	ZIP CODE
Connected	Organization Affiliated Committee	Joint Fundraising Representative	Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name																													
Mailing Address	L																												
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TITLE OR POSITION													S	ΓAT	E				ZIP	C	DD	E	•						
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Name of Bank, Depository, etc.																																
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