| Image# 202405309648789512                             |  |   |                         |                |             | PAGE 1 / 10                 |          |
|---|--|---|-------------------------|----------------|-------------|-----------------------------|----------|
| FEC<br>FORM 1   | STATEME<br>ORGANIZ                                       | _   |                         |                |             |                             |          |
|   |  |   |                         |                | Office I    | Use Only                    |          |
| 1. NAME OF<br>COMMITTEE (in full)                     | (Check if name is changed)                               | Example: If typin over the lines.                                   | g, type                 | 12FE41         | 45          |                             |          |
|   |  |   |                         |                |             |                             | <u> </u> |
|   |  |   |                         |                |             |                             |          |
| ADDRESS (number and street)                           | 3501 MACCORKLE AVE SE                                    |   |                         |                |             |                             |          |
| (Check if address is changed)                         | NUM 131  |   |                         |                |             |                             |          |
| lo onangoa)   |  |   |                         | WV             | 25304       | -                           | 1        |
|   | CITY ▲   |   |                         | STATE A        |             | ZIP CODE▲                   |          |
| COMMITTEE'S E-MAIL ADDRE                              | SS   |   |                         |                |             |                             |          |
| <ul> <li>(Check if address<br/>is changed)</li> </ul> |  |   | M                       |                |             |                             |          |
|   | Optional Second E-Mail Ac                                | ldress  |                         |                |             |                             |          |
|   |  |   |                         |                |             |                             |          |
| (Check if address<br>is changed)                      |  |   |                         |                |             |                             |          |
| 2. DATE 05 / 30                                       |  |   |                         |                |             |                             |          |
| B. FEC IDENTIFICATION NU                              | JMBER ► C  | :00839100   |                         |                |             |                             |          |
| _   |  |   |                         |                |             |                             |          |
| IS THIS STATEMENT                                     | NEW (N) OR   | × AMENE   | DED (A)                 |                |             |                             |          |
| certify that I have examined th                       | nis Statement and to the bes                             | t of my knowledge a   | nd belief it            | is true. corre | ect and cor | nplete.                     |          |
| ,   |  | , ,   |                         | ,              |             |                             |          |
| ype or Print Name of Treasure                         | r <u>MILLER, JAMES, T, ,</u>                             |   |                         |                |             |                             |          |
| Signature of Treasurer MILL                           | ER, JAMES, T, ,  |   |                         | Date           | 05 / D      | 30 / Y Y Y<br>2024          | Y        |
| IOTE: Submission of false, erron                      | eous, or incomplete information<br>ANY CHANGE IN INFORMA |   |                         |                |             | alties of 52 U.S.C. §       | 301      |
| Office<br>Use<br>Only                                 |  | For further in<br>Federal Electi<br>Toll Free 800-<br>Local 202-694 | on Commissi<br>424-9530 |                |             | C FORM 1<br>evised 06/2012) |          |

05/30/2024 09 : 45

5.

FEC Form 1 (Revised 03/2022)

| TYPE OF COMMITTEE:   |
|--|
| Candidate Committee:   |
| (a) X This committee is a principal campaign committee. (Complete the candidate information below.)  |
| (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)  |
| Name of JUSTICE, JAMES, CONLEY, , II<br>Candidate  |
| Candidate Party Affiliation REP Office Sought: House X Senate President District 00  |
| (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.  |
| Name of<br>Candidate   |
| Party Committee:   |
| (d) This committee is a (National, State or subordinate) committee of the 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  |
| 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 fund or party committee. (i.e., nonconnected committee)  |
| In addition, this committee is a Lobbyist/Registrant PAC.  |
| In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)   |
| (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   |
| 1  |
| 2  |

Relationship:

| FEC Form 1 (F          | evised 02/2009)               |                |         |       |        |       |           |       |         | Pa      | ge <b>3</b> |    |
|------------------------|-------------------------------|----------------|---------|-------|--------|-------|-----------|-------|---------|---------|-------------|----|
| Write or Type Committe | e Name                        |                |         |       |        |       |           |       |         |         |             |    |
| JIM JUSTIC             | E FOR U.S. SEN                | NATE           |         |       |        |       |           |       |         |         |             |    |
| 6. Name of Any Conn    | ected Organization, Affiliate | d Committee, J | loint F | undra | aising | Repre | esentativ | e, or | Leaders | hip PAC | ; Sponsc    | or |
|                        |                               |                |         |       |        |       |           |       |         |         |             |    |
|                        |                               |                |         |       |        |       |           |       |         |         |             |    |
| Mailing Address        | 3501 MACCORKLE                | AVE SE         |         |       |        |       |           | 1     |         |         |             |    |
|                        | NUM 131                       |                |         |       |        |       |           |       |         |         |             |    |
|                        |                               |                |         |       |        |       | WV        |       | 25304   |         | -           |    |
|                        |                               | CITY 🔺         |         |       |        |       | STATE     |       |         | ZIP CO  | DE 🔺        |    |

Connected Organization Affiliated Organization X Joint Fundraising Representative Leadership PAC Sponsor

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

| MILLER, J           | AMES, T, ,            |          |          |
|---------------------|-----------------------|----------|----------|
| Full Name           |                       |          |          |
| Mailing Address     | 3501 MACCORKLE AVE SE |          |          |
|                     | NUM 131               |          |          |
|                     |                       | WV 25304 |          |
|                     | CITY A                | STATE 🔺  | ZIP CODE |
| Title or Position ▼ |                       |          |          |
|                     | Telephone             | e 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<br>of Treasurer | MILLER, JAMES, T, ,                 |
|---------------------------|-------------------------------------|
| Mailing Address           | 3501 MACCORKLE AVE SE               |
|                           | NUM 131                             |
|                           | CHARLESTON         WV         25304 |
|                           | CITY ▲ STATE ▲ ZIP CODE ▲           |
| Title or Position         |                                     |
|                           |                                     |

| FEC Form 1                          | (Revised 02/2009)                   | Page 4    |
|-------------------------------------|-------------------------------------|-----------|
| Full Name of<br>Designated<br>Agent | HOBBS, CABELL, , ,                  |           |
| Mailing Address                     | 3501 MACCORKLE AVE SE               |           |
|                                     | NUM 131                             |           |
|                                     | CHARLESTON         WV         25304 |           |
|                                     | CITY A STATE A ZI                   | IP CODE 🔺 |
| Title or Position                   | ,                                   |           |
| ASST. TREASUR                       | ER                                  |           |

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 |                      |          |          |
|-----------------|----------------------|----------|----------|
|                 |                      |          |          |
|                 |                      | WV 24970 |          |
|                 | CITY 🔺               | STATE 🔺  | ZIP CODE |
| Name of Bank, [ |                      |          |          |
|                 |                      |          |          |
| Mailing Address | 1445-A LAUGHLINE AVE |          |          |
|                 |                      |          |          |
|                 |                      | VA 22101 |          |
|                 | CITY 🔺               | STATE A  | ZIP CODE |

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

| 5(g) | 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                            |
| 6.   | Name of Any Connected  | Organization, Affiliated Committee, Joint Fundra | ising Representative   | e, or Leadership PAC Sponsor |
|      |  | ORITY  |                        |                              |
|      |  |  |                        |                              |
|      | Mailing Address  | 421 OFFICE PARK DR                               |                        |                              |
|      |  |  |                        |                              |
|      |  |  |                        | 35223                        |
|      | Relationship:  |  | STATE 🔺                | ZIP CODE                     |
|      | Connected  | Organization Affiliated Committee X Joint        | 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          Mailing Address         TITLE OR POSITION            Banks or Other Depositor         safety deposit boxes or main         Name of Bank,       JOHN I |  | ephone Number          |                              |
|      | Full Name          Mailing Address         TITLE OR POSITION            Banks or Other Depositor         safety deposit boxes or main                                    |  | ephone Number          |                              |

DC

STATE 🔺

20006

ZIP CODE

WASHINGTON

CITY

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

STATE 🔺

ZIP CODE

| 5(g) d | or (h). Joint Fundraisi   | ng Participant:   |   |                                       |
|--------|---|---|---|---------------------------------------|
|        | 1.  |   | FEC ID number                           | C                                     |
|        | 2.  |   | FEC ID number                           | С                                     |
|        | 3.  |   | FEC ID number                           | C                                     |
|        | 4.  |   | FEC ID number                           | С                                     |
| 6.     | Name of Any Connected   | Organization, Affiliated Committee, Joint Fundra  | isina Benresentativa                    | or Leadershin PAC Sponsor             |
|        | -   |   |   | _,                                    |
|        |   |   |   |                                       |
|        | Mailing Address   | 228 S. WASHINGTON STREET  |   |                                       |
|        |   | SUITE 115   |   |                                       |
|        |   |   |   | 22314                                 |
|        | Relationship:   | CITY 🔺  | STATE 🔺                                 | ZIP CODE                              |
|        | Connecte  | d Organization  | Fundraising Representa                  | ative Leadership PAC Sponsor          |
|        |   |   |   |                                       |
| 8.     | Designated Agent: Identif   | y by name, address (phone number - optional)  |   |                                       |
| 8.     | Designated Agent: Identif   | y by name, address (phone number – optional)  |   |                                       |
| 8.     |   | y by name, address (phone number – optional)  |   |                                       |
| 8.     | Full Name   | y by name, address (phone number - optional)  |   |                                       |
| 8.     | Full Name   | y by name, address (phone number – optional)  |   |                                       |
| 8.     | Full Name   |   |   |                                       |
| 8.     | Full Name   |   | L I I I I I I I I I I I I I I I I I I I | · · · · · · · · · · · · · · · · · · · |
| 8.     | Full Name<br>Mailing Address<br>TITLE OR POSITION   | CITY ▲ CITY ▲ Tele City List all banks or other depositories in which th  | ephone Number                           |                                       |
|        | Full Name<br>Mailing Address<br>TITLE OR POSITION   | CITY ▲ CITY ▲ Tele CITY ▲ CITY ▲ CITY ▲ CITY ▲  | ephone Number                           |                                       |
|        | Full Name   | CITY ▲ CITY ▲ Tele CITY ▲ CITY ▲ CITY ▲ CITY ▲  | ephone Number                           | s funds, holds accounts, rents        |
|        | Full Name<br>Mailing Address<br>TITLE OR POSITION<br><br>Banks or Other Depositor<br>safety deposit boxes or m<br>Name of Bank, | CITY ▲ CITY ▲ Tele City ▲ Cit | ephone 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) or (h               | n). Joint Fundraising                             | Participant:   |                                       |                                |
|--------------------------|---|--|---------------------------------------|--------------------------------|
|                          | 1   |  | FEC ID number                         | С                              |
|                          | 2.  |  | FEC ID number                         | C                              |
|                          | 3.  |  | FEC ID number                         | C                              |
|                          | 4   |  | FEC ID number                         | C                              |
| 6. <b>N</b> a            | ame of Any Connected                              | Organization, Affiliated Committee, Joint Fundra   | aising Representative                 | e, or Leadership PAC Sponsor   |
| l                        | 2024 THUNE REPUB                                  |  |                                       |                                |
| l                        |   |  |                                       |                                |
|                          | Mailing Address                                   | 228 S. WASHINGTON STREET   |                                       |                                |
|                          |   | SUITE 115  |                                       |                                |
|                          |   |  | VA                                    | 22314                          |
|                          | Relationship:                                     | CITY 🔺   | STATE 🔺                               | ZIP CODE                       |
|                          | Connected   | Organization Affiliated Committee X Joint  | Fundraising Representa                | ative                          |
|                          |   |  |                                       |                                |
| 8. <b>D</b> e            | esignated Agent: Identify                         | by name, address (phone number - optional)   |                                       |                                |
| 8. <b>De</b>             | esignated Agent: Identify                         | by name, address (phone number - optional)   |                                       |                                |
| —<br>8. De               |   | by name, address (phone number - optional)   |                                       |                                |
| 8. De                    | Full Name   | by name, address (phone number - optional)   |                                       |                                |
| —                        | Full Name   | by name, address (phone number - optional)   |                                       |                                |
| —                        | Full Name   |  |                                       | <pre></pre>                    |
| —                        | Full Name   |  | I I I I I I I I I I I I I I I I I I I |                                |
|                          | Full Name   | Image: Image | lephone Number                        |                                |
| 9. <b>Ba</b><br>sa<br>Na | Full Name<br>Mailing Address<br>TITLE OR POSITION |  | lephone Number                        | s funds, holds accounts, rents |
| 9. <b>Ba</b><br>sa<br>Na | Full Name<br>Mailing Address<br>TITLE OR POSITION | CITY A CITY Te ies: List all banks or other depositories in which th ntains funds.   | lephone Number                        | s funds, holds accounts, rents |
| 9. <b>Ba</b><br>sa<br>Na | Full Name<br>Mailing Address<br>TITLE OR POSITION | CITY A CITY Te ies: List all banks or other depositories in which th ntains funds.   | lephone Number                        | s funds, holds accounts, rents |

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

| 5(g) or (h)    | Joint Fundraising             | J Participant:                               |                                       |                  |                          |
|----------------|-------------------------------|--|---------------------------------------|------------------|--------------------------|
|                | 1.                            |  | FEC ID                                | number C         |                          |
|                | 2.                            |  | FEC ID                                | number C         |                          |
|                | 3.                            |  | FEC ID                                | number C         |                          |
|                | 4.                            |  | FEC ID                                | number C         |                          |
| 6 No.          | mo of Any Connected           | Organization, Affiliated Committee, Joint    | Fundraising Donr                      | econtotivo er l  | andorohin BAC Shannor    |
|                | CORNYN VICTORY (              | -  | rundraising Repr                      | esentative, of L | eadership PAC Sponsor    |
| L              |                               |  |                                       |                  |                          |
| L              |                               |  |                                       |                  |                          |
|                | Mailing Address               | PO BOX 13026                                 |                                       |                  |                          |
|                |                               |  |                                       |                  |                          |
|                |                               | AUSTIN                                       | 1                                     |                  | 78711                    |
|                | Relationship:                 |  |                                       | STATE ▲          | ZIP CODE                 |
|                | Connected                     | Organization Affiliated Committee            | <ul> <li>Joint Fundraising</li> </ul> | Representative   | Leadership PAC Sponsor   |
|                |                               |  |                                       |                  |                          |
| 8. <b>Des</b>  | signated Agent: Identify      | by name, address (phone number - optio       | nal)                                  |                  |                          |
|                | Full Name                     |  |                                       |                  |                          |
|                | Mailing Address               | 1  |                                       |                  |                          |
|                |                               |  |                                       |                  |                          |
|                |                               | 1  |                                       |                  |                          |
|                |                               | CITY ▲                                       | S                                     | TATE 🔺           | ZIP CODE                 |
|                | TITLE OR POSITION             | •  |                                       |                  |                          |
|                |                               |  | Telephone Nu                          | mber             |                          |
| 9. <b>Ba</b> r | nks or Other Depositor        | ies: List all banks or other depositories in | which the committe                    | ee deposits fund | s, holds accounts, rents |
| safe           | ety deposit boxes or ma       | ntains funds.                                |                                       |                  |                          |
|                | me of Bank,<br>pository, etc. |  |                                       |                  |                          |
|                | Mailing Address               |  |                                       |                  |                          |
|                |                               |  |                                       |                  |                          |
|                |                               |  |                                       |                  |                          |
| 1              |                               | CITY A                                       | S                                     |                  | ZIP CODE                 |

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

| g) or (h).                         |   | g Participant:   |                                       |                 |               |             |          |                                  |                           |
|------------------------------------|---|--|---------------------------------------|-----------------|---------------|-------------|----------|----------------------------------|---------------------------|
| 1.                                 |   |  |                                       | FEC             | D number      | С           |          |                                  |                           |
| 2.                                 |   |  |                                       | FEC             | D number      | С           |          |                                  |                           |
| 3.                                 |   |  |                                       | FEC             | D number      | С           |          |                                  |                           |
| 4.                                 |   |  |                                       | FEC             | D number      | С           |          |                                  |                           |
| Name                               | e of Any Connected  | Organization, Affiliated                                 | I Committee, Joint I                  | Fundraising Re  | epresentative | e, or Lead  | ership P | AC Spo                           | nsor                      |
| W                                  |   |  | JND 2024                              |                 |               |             |          |                                  |                           |
|                                    |   |  |                                       |                 |               |             |          |                                  |                           |
|                                    | Mailing Address   | PO BOX 9891  |                                       |                 |               |             |          |                                  |                           |
|                                    |   |  |                                       |                 |               |             |          |                                  |                           |
|                                    |   | ARLINGTON  |                                       |                 | VA            | 2221        | 9        |                                  |                           |
|                                    | Relationship:   |  | CITY 🔺                                |                 | STATE 🔺       |             | ZIP C    | ODE 🔺                            |                           |
|                                    | Connected   | Organization × Affilia                                   | ated Committee                        | Joint Fundraisi | ng Representa | ative       | Leadersh | nip PAC S                        | Sponso                    |
| Desig                              | gnated Agent: Identify  | by name, address (pho                                    | one number – option                   | al)             |               |             |          |                                  |                           |
| -                                  | gnated Agent: Identify  | by name, address (pho                                    | one number – option                   | al)             |               |             |          |                                  |                           |
| Fi                                 |   | by name, address (ph                                     | one number – option                   | al)             |               |             |          |                                  |                           |
| Fi                                 | ull Name  | by name, address (ph                                     | one number – option                   | al)             |               |             |          |                                  |                           |
| Fi                                 | ull Name  | by name, address (ph                                     | one number – option                   | al)             |               |             |          |                                  |                           |
| Fu                                 | ull Name  |  | one number – option                   | al)             |               |             |          | <br>       <br>  -   _  <br>DE ▲ |                           |
| Fu                                 | ull Name  |  | · · · · · · · · · · · · · · · · · · · | al)             | 1             |             |          | <br> <br>DE ▲<br>] - [           |                           |
| Fu                                 | ull Name  | <pre></pre>  | · · · · · · · · · · · · · · · · · · · |                 | 1             |             |          | <br> <br>DE ▲<br>]               |                           |
| Fu<br>M<br>J<br>Banks              | TITLE OR POSITION   | <ul> <li>↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓</li></ul> | CITY ▲                                | Telephone       | Number        | <pre></pre> |          | ] – [                            | <br>     <br>             |
| Fu<br>M<br>Banks<br>safety         | Tull Name          Mailing Address         TITLE OR POSITION            ss or Other Depositor         y deposit boxes or ma | <ul> <li>↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓</li></ul> | CITY ▲                                | Telephone       | Number        |             |          | ] – [                            | <br>     <br>     <br>    |
| Fu<br>M<br>Banks<br>safety<br>Name | TITLE OR POSITION   | <ul> <li>↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓</li></ul> | CITY ▲                                | Telephone       | Number        | <pre></pre> |          | ] – [                            | <br>     <br>     <br>nts |
| Fu<br>M<br>Banks<br>safety<br>Name | TITLE OR POSITION   | <ul> <li>↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓</li></ul> | CITY ▲                                | Telephone       | Number        | <pre></pre> |          | ] – [                            | <br>     <br>     <br>nts |
| Fu<br>M<br>Banks<br>safety<br>Name | Full Name   | <ul> <li>↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓</li></ul> | CITY ▲                                | Telephone       | Number        | <pre></pre> |          | ] – [                            | <br>     <br>     <br>nts |
| Fu<br>M<br>Banks<br>safety<br>Name | Full Name   | <ul> <li>↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓</li></ul> | CITY ▲                                | Telephone       | Number        | <pre></pre> |          | ] – [                            | <br>     <br>     <br>nts |

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

| ) or (h).  | •                    | Participant:             |                    |                   |             |             |          |         |  |
|--|----------------------|--------------------------|--------------------|-------------------|-------------|-------------|----------|---------|--|
| 1. [   |                      |                          |                    |                   | number      | С           |          |         |  |
| 2.   |                      |                          |                    |                   | number      | С           |          |         |  |
| 3.   |                      |                          |                    |                   | number      | С           |          |         |  |
| 4.   |                      |                          |                    |                   | number      | С           |          |         |  |
| Name   | of Any Connected C   | Organization, Affiliated | Committee, Joint F | undraising Rep    | resentative | . or Lead   | ership I | PAC Sp  | onsor  |
|  |                      | -                        |                    |                   |             |             | •        |         |  |
|  |                      |                          |                    |                   |             |             |          |         |  |
| N  | Nailing Address      |                          |                    |                   |             |             |          |         |  |
|  |                      |                          |                    |                   |             |             |          |         |  |
|  |                      |                          |                    |                   |             | 3522        | 23       | -       |  |
| F  | Relationship:        |                          | CITY A             |                   | STATE A     |             | ZIP (    |         |  |
|  | Connected            | Organization Affiliat    | ed Committee       | Joint Fundraising | Representa  | tive        | Leaders  | hip PAC | Sponso   |
| Design   | ated Agent: Identify | by name, address (phor   | e number – optiona | ))                |             |             |          |         |  |
| -  | ated Agent: Identify | by name, address (phor   | e number – optiona | )                 |             | 1           |          |         |  |
| Ful  |                      | by name, address (phor   | e number – optiona | <b>))</b>         |             |             |          |         |  |
| Ful  | I Name               | by name, address (phor   | e number – optiona | <b>)</b>          |             |             |          |         |  |
| Ful  | I Name               | by name, address (phor   | e number - optiona |                   |             |             |          | <br>    |  |
| Full   | I Name               |                          | e number – optiona |                   |             |             |          |         |  |
| Full   | I Name               |                          |                    |                   |             |             |          |         |  |
| Full   | I Name               |                          |                    |                   |             |             |          |         |  |
| Full<br>Ma<br>TI<br>Banks                                  | I Name               |                          |                    | Telephone N       | umber       |             |          |         |  |
| Full<br>Ma<br>TI<br>Banks<br>safety o                      | I Name               |                          |                    | Telephone N       | umber       |             |          |         | _   _  <br>_   _  <br>_   _  <br>_   _  <br>ents |
| Full<br>Ma<br>Ti<br>Banks<br>safety o<br>Name o            | I Name               |                          |                    | Telephone N       | umber       |             |          |         |  |
| Full<br>Ma<br>TI<br>Banks<br>safety o<br>Name o<br>Deposit | I Name               |                          |                    | Telephone N       | umber       |             |          |         |  |
| Full<br>Ma<br>TI<br>Banks<br>safety o<br>Name o<br>Deposit | I Name               |                          |                    | Telephone N       | umber       | <pre></pre> |          |         | ents   |
| Full<br>Ma<br>TI<br>Banks<br>safety o<br>Name o<br>Deposit | I Name               |                          |                    | Telephone N       | umber       | <pre></pre> |          |         | ents   |