**FEC** 

Only

# STATEMENT OF

PAGE 1 / 12 •

**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. JONI FOR IOWA PO BOX 93441 ADDRESS (number and street) (Check if address is changed) **DES MOINES** 50393 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address COMPLIANCE@RIGHTSIDECOMPLIANCE.COM is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2025 C00546788 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer HOBBS, CABELL, , HOBBS, CABELL, , , Date 04 16 2025 Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

FEC Form 1 (Revised 03/2022)	Page 2
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 information below.)	the candidate
Name of Candidate ERNST, JONI, , ,	
Candidate Party Affiliation  REP  Office Sought: House  X Senate President	State IA District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the Republica	tic, n, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connec	ted organization is a:
Corporation Corporation w/o Capital Stock Labor	Organization
Membership Organization Trade Association Coope	rative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	ted 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 (Hybrid I	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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
Committees Participating in Joint Fundraiser	
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•	FEC Form 1 (Revised 02	2/2009)			Page <b>3</b>
۷	Vrite or Type Committee Name				
	JONI FOR IOWA		Fundaciona Bonnocata		ahin BAO Oneman
6.	-	rganization, Affiliated Committee, Joint  _ASSIC COMMITTEE	Fundraising Representa	tive, or Leader	snip PAC Sponsor
	Mailing Address	228 S WASHINGTON ST STE 115			
		ALEXANDRIA	, VA	22314	1 1
		CITY ▲	STATE		ZIP CODE ▲
	Polotionship. Connected			_	
	Relationship: Connected	Organization Affiliated Organization	X Joint Fundraising Repre	sentative	Leadership PAC Sponso
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number opt	ional) and position of the p	erson in possess	sion of committee
	ς7ΔΤΗΜΔΕ	RY, CHRISTINE, , ,			
	Full Name	\(\frac{1}{1}, \text{OFINOTINE}, \frac{1}{1},  \q			
	Mailing Address	PO BOX 93441			
				1 1 1 1 1	
		DES MOINES	IA,	50393	[-]
		CITY ▲	STATE	 E <b>A</b>	ZIP CODE ▲
	Title or Position ▼				
	COMPLIANCE DIRECTOR		Telephone number		
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of	the treasurer of the comm	nittee; and the n	ame and address of
	Full Name HOBBS, CA of Treasurer	\BELL, , ,			
	Mailing Address	PO BOX 93441			
	ū				
		DES MOINES	I IA	50393	
		_			
	Title or Position ▼	CITY ▲	STATE	<b>Ē</b> ▲	ZIP CODE ▲
	TREASURER		Talambana na saka	1 1_1	[_]
			Telephone number		

FEC Form 1 (Rev	rised 02/2009)		Page <b>4</b>
Full Name of Designated Agent			
Mailing Address			
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
		phone number	
Banks or Other Depo safety deposit boxes or	ositories: List all banks or other depositories in which the maintains funds.	e committee deposits fund	s, holds accounts, rents
Name of Bank, Deposi	itory, etc.		
BAI	NKPLUS		
Mailing Address	385A HIGHLAND COLONY PKWY		
	RIDGELAND	MS 3	39157 
	RIDGELAND CITY	MS 3	39157 ZIP CODE ▲
Name of Bank, Deposi	CITY A		
	CITY A		
	CITY ▲ itory, etc.		
CH.	CITY A itory, etc.		
CH.	CITY A itory, etc.	STATE A	

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

	ng Participant:		
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4.		FEC ID number	er C
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ERNST HAGERTY \	/ICTORY		
Mailing Address	1101 30TH STREET NW STE 390		
	1		
	WASHINGTON	DC DC	20007
Relationship:	CITY ▲	STATE	ZIP CODE A
Connecte	ed Organization Affiliated Committee	X Joint Fundraising Repres	sentative Leadership PAC Sp
Full Name	1		
maining madrees			
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-			
	CITY	STATE	ZIP CODE A
TITLE OR POSITION	CITY ▲	STATE A	ZIP CODE A

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

5(g) or (h).	Joint Fundraising	Participant:					
1.			FEC	ID number	C		
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3.			FEC	ID number	С		
4.			FEC	ID number	С		
	of Any Connected ONST VICTORY IOW	Organization, Affiliated Committee, Joint	Fundraising I	Representativ	e, or Leader	ship PAC Sp	onsor
1	Mailing Address	PO BOX 93441					
		DES MOINES		IA	50393	-   -	
F	Relationship:	CITY A		STATE ▲		ZIP CODE A	
	Connected	Organization Affiliated Committee	Joint Fundrai	sing Represent	ative L	eadership PAC	Sponsor
8. <b>Desig</b> r	nated Agent: Identify	by name, address (phone number - option	nal)				
Fu	II Name						
Ma	ailing Address						
T	ITLE OR POSITION •	CITY A		STATE ▲	Z	ZIP CODE A	
L			Telephone	Number _			
9. <b>Banks</b>	or Other Depositori	es: List all banks or other depositories in	which the com	umittoo donosii	te funde hold	de coorrete u	ents
safety		co. List all barins of other acpositories in		IIIIIIIIEE UEDOSII	io iuiiuo, iiuit	as accounts, r	
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### Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). <b>Joint Fundrais</b>	ng Participant:		
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4.		FEC ID number	С
ame of Any Connecte	d Organization, Affiliated Committee, Joint F	undraising Representativ	e, or Leadership PAC Spons
FRIENDS OF KENN	EDY 		
Mailing Address	3337 N HULLEN ST STE 301		
	METAIRIE	, , LA ,	70002
Relationship:	CITY ▲	STATE A	ZIP CODE A
	Affiliated Committee X  ify by name, address (phone number – optional	Joint Fundraising Represent	auto La Loudolomp (710 op
esignated Agent: Ident			
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### Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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2.		FEC ID number	С
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4.		FEC ID number	С
lame of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraicing Poprocontative	or Leadership BAC Spen
GOP WINNING WON		Huraising Representative	
Mailing Address	228 S WASHINGTON ST STE 115		
	ALEXANDRIA	VA VA	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Full Name			
Mailing Address			
	▼ CITY ▲	STATE ▲	ZIP CODE ▲
TITLE OR POSITION			
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# Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	ising Representative	or Leadershin PAC Sponsor
0.	JONI'S ROAST AND	_	ising hepresemative	, or Leadership FAC Sponsor
	Mailing Address	PO BOX 93441		
		DES MOINES	LIA L	50393
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	d Organization Affiliated Committee X Joint I	Fundraising Representa	Leadership PAC Sponsor
8.	Designated Agent: Identify  Full Name	by name, address (phone number – optional)	1 1 1 1 1 1 1	
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	CITY A	STATE A	ZIP CODE A
8.	Full Name   Mailing Address  TITLE OR POSITION	CITY A	STATE A ephone Number	ZIP CODE A
9.	Full Name     Mailing Address  TITLE OR POSITION	CITY A  Tele  ries: List all banks or other depositories in which the sintains funds.	ephone Number	
	Full Name Mailing Address  TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or mail	CITY A  Tele  ries: List all banks or other depositories in which the sintains funds.	ephone Number	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.	CITY A  Tele  ries: List all banks or other depositories in which the sintains funds.	ephone Number	s funds, holds accounts, rents

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

	ng Participant:		
1.		FEC ID number	С
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3.		FEC ID number	С
4.		FEC ID number	С
-	Organization, Affiliated Committee, Joint TE VICTORY COMMITTEE	Fundraising Representativ	e, or Leadership PAC Spons
Mailing Address	228 S WASHINGTON ST STE 115		
	ALEXANDRIA	VA	22314
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Full Name			
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Mailing Address  TITLE OR POSITION	pries: List all banks or other depositories in aintains funds.	Telephone Number	ts funds, holds accounts, rents
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### Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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ONE TEAM SENAT	E MAJORITY			
	404 055105 DADI/ DDIV/5			
Mailing Address	421 OFFICE PARK DRIVE			
	MOUNTAIN BROOK		AL	35223
Relationship:	CITY ▲		STATE ▲	ZIP CODE ▲
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Pesignated Agent: Ident	ify by name, address (phone number – o		STATE A	

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

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h). <b>Joint Fundraisi</b>			
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ame of Any Connected TEAM JONI	l Organization, Affiliated Committee, Joint F	undraising Representati	ve, or Leadership PAC Spon
Mailing Address	PO BOX 93441		
	DES MOINES	IA L	50393
Relationship:	CITY ▲	STATE 4	ZIP CODE ▲
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