FEC

Only

STATEMENT OF **ORGANIZATION**

PAGE 1/5

FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Josh Hawley Victory Committee PO BOX 31476 ADDRESS (number and street) (Check if address is changed) ST LOUIS MO 63131 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address salpurpura2010@gmail.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00779223 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR 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 PURPURA, SALVATORE, A., MR., PURPURA, SALVATORE, A., MR., Date 12 20 2024 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) 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. (Compliniformation below.)	lete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate President	State District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	
(d) This committee is a	ocratic, blican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nnected organization is a:
Corporation Corporation w/o Capital Stock La	abor Organization
Membership Organization Trade Association Co	ooperative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segrommittee. (i.e., nonconnected committee)	regated 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 1997)	orid 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 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 committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political
Committees Participating in Joint Fundraiser	
1. FIGHTING FOR MISSOURI PAC	2640
2. JOSH HAWLEY FOR SENATE C C0065	2727

	FEC Form 1 (Revise	d 02/2009)	Page 3
٧	Vrite or Type Committee Na	me	
	Josh Hawley V	ictory Committee	
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Represer	ntative, or Leadership PAC Sponsor
	Mailing Address		
			.
		CITY ▲ STA	ATE ▲ ZIP CODE ▲
	Deletionship: Connec		
	Relationship: Connec	ted Organization Affiliated Organization Joint Fundraising Re	presentative Leadership PAC Spons
7.		entify by name, address (phone number optional) and position of the	e person in possession of committee
	books and records.		
		JRA, SALVATORE, , Mr.,	
	Full Name	ATT OTIFICATOR PRINTS	
	Mailing Address	478 STIRLNG BRIDGE DRIVE	
		ORMOND BEACH	
	Tills as Basilian	CITY ▲ STA	ATE ▲ ZIP CODE ▲
	Title or Position ▼		70.4
	TREASURER	Telephone number	704 668 - 1993
8.		and address (phone number optional) of the treasurer of the con	nmittee; and the name and address of
	any designated agent (e.ç	g., assistant treasurer).	
		JRA, SALVATORE, , MR.,	
	of Treasurer		
	Mailing Address	478 STIRLNG BRIDGE DRIVE	
		ORMOND BEACH	FL 32174
	Title or Position ▼	CITY ▲ STA	ATE ▲ ZIP CODE ▲
	TREASURER		ı 704 ı ı 668 ı ı 1993
	INLAGUNEN	Telephone number	- - 1993

Full Name of Designated Agent Mailing Address CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼ Telephone number Telephone number Telephone number CHAIN BRIDGE BANK Mailing Address 1445 LAUGHLIN AVE CITY ▲ STATE ▲ ZIP CODE ▲ Name of Bank, Depository, etc. CHAIN BRIDGE BANK Mailing Address 1445 LAUGHLIN AVE CITY ▲ STATE ▲ ZIP CODE ▲ Name of Bank, Depository, etc.	FEC Form 1 (Revised 02/2009)	Page 4
CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼ Telephone number Telephone number	Designated		
Title or Position 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. CHAIN BRIDGE BANK Mailing Address 1445 LAUGHLIN AVE CITY STATE ZIP CODE Mailing Address	Mailing Address		
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Name of Bank, Depository, etc. CHAIN BRIDGE BANK Mailing Address 1445 LAUGHLIN AVE MCLEAN CITY ▲ STATE ▲ ZIP CODE ▲ Mailing Address		Telephone number	
CHAIN BRIDGE BANK Mailing Address 1445 LAUGHLIN AVE MCLEAN CITY A STATE A ZIP CODE A Name of Bank, Depository, etc.			ds accounts, rents
Mailing Address 1445 LAUGHLIN AVE	Name of Bank, Dep	pository, etc.	
Mailing Address MCLEAN	L	CHAIN BRIDGE BANK	
CITY ▲ STATE ▲ ZIP CODE ▲ Name of Bank, Depository, etc. Mailing Address	Mailing Address	1445 LAUGHLIN AVE	
CITY ▲ STATE ▲ ZIP CODE ▲ Name of Bank, Depository, etc. Mailing Address			
Name of Bank, Depository, etc. Mailing Address		MCLEAN VA 22101	
Mailing Address L		CITY ▲ STATE ▲	ZIP CODE ▲
	Name of Bank, Dep	pository, etc.	
	L		
	Mailing Address		
CITY ▲ STATE ▲ ZIP CODE ▲			
		CITY ▲ STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

Page ___ **of** 5___

(h). Joint Fundrais	ing Participant:			
NRSC 1.			FEC ID number	C C00027466
2. SHOW-ME STROM	IG PAC		FEC ID number	C C00832485
3.			FEC ID number	С
4.			FEC ID number	С
lame of Any Connecte	d Organization, Amiliated Co	mmittee, Joint Fundra	Ising Representative	e, or Leadership PAC Sponso
Mailing Address				
Relationship:	CI	TY A	STATE A	ZIP CODE ▲
	ed Organization Affiliated ify by name, address (phone		Fundraising Representa	
			-undraising Represent	
Designated Agent: Ident			-undraising Represent	
Pesignated Agent: Ident			-undraising Representa	Leadership PAC Spo
Pesignated Agent: Ident			-undraising Representa	
Pesignated Agent: Ident	ify by name, address (phone	number – optional)	STATE A	ZIP CODE A
Pesignated Agent: Ident Full Name Mailing Address	ify by name, address (phone	number – optional)		
Pesignated Agent: Identification of the Full Name Mailing Address TITLE OR POSITIO	ify by name, address (phone CITY Cories: List all banks or other	number – optional) Y Tel depositories in which t	STATE A ephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITIO Banks or Other Depositafety deposit boxes or relationship.	ify by name, address (phone CITY Cories: List all banks or other	number – optional) Y Tel depositories in which t	STATE A ephone Number	ZIP CODE A
Full Name	ify by name, address (phone CITY Cories: List all banks or other	number – optional) Y Tel depositories in which t	STATE A ephone Number	ZIP CODE A
Full Name	ify by name, address (phone CITY Cories: List all banks or other	number – optional) Y Tel depositories in which t	STATE A ephone Number	ZIP CODE A