FEC

Only

STATEMENT OF

PAGE 1/9

ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) VETTE4CONGRESS PO Box 404 ADDRESS (number and street) (Check if address is changed) La Luz 88337-0404 NM CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address pgpearce53@gmail.com is changed) Optional Second E-Mail Address rockygalassini@yahoo.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 05 2024 C00655571 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 Galassini, Rocky, , Date 05 21 2024 Signature of Treasurer Galassini, Rocky, , , 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

EC 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. (Cominformation below.)	plete the candidate
Name of Candidate Herrell, Stella Yvette, , ,	
Candidate Party Affiliation REP Office Sought: House Senate Presider	State NM nt District 02
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	
(d) This committee is a	mocratic, publican, etc.) Party
Political Action Committee (PAC):	
(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) This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	gregated 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:	
(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 candid	•
(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.	or two or more political
Committees Participating in Joint Fundraiser	
1. C	

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٧	Vrite or Type Committee Name	2500	
	YVETTE4CONG		
6.	-	ganization, Affiliated Committee, Joint Fundraising Repr	resentative, or Leadership PAC Sponsor
	Scalise Leadership F	und 2024	
	Mailing Address	320 1st St SE	
		Washington	DC 20003-1838 -
		CITY ▲	STATE ▲ ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising	g Representative Leadership PAC Spons
7.	Custodian of Records: Ident books and records.	fy by name, address (phone number optional) and position o	of the person in possession of committee
	Pearce, Ph	ilip	
	Full Name	<u> </u>	
	Mailing Address	1111 10th St	
		Ste 404	
		Alamogordo	NM 88310-6413 -
		CITY ▲	STATE ▲ ZIP CODE ▲
	Title or Position ▼		
	Custodian of Records	Telephone nun	mber 979 - 571 - 0405
8.	any designated agent (e.g., a	d address (phone number optional) of the treasurer of the assistant treasurer).	e committee; and the name and address of
	Full Name Galassini, I	₹ocky, , ,	
	Mailing Address	PO Box 646	
	Mailing Address		
		₁ La Luz	NM 88337-0646
			08337-0040
	- -	CITY A	STATE ▲ ZIP CODE ▲
	Title or Position ▼		F7F 400 0000
	Treasurer	Telephone nun	mber 575 - 430 - 8220

FEC Form 1 (Revised 0	2/2009)		Page 4
Full Name of Designated Agent		1 1 1 1 1 1 1 1	
Mailing Address			
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
Title of Position V	Telephone nu	mber	
. Banks or Other Depositoric safety deposit boxes or main	es: List all banks or other depositories in which the commit tains funds.	tee deposits funds, hold	ls accounts, rents
Name of Bank, Depository, e	tc.		
Classic (City Bank		
	Athens	GA 30606	
	CITY A	STATE A	ZIP CODE ▲
Name of Bank, Depository, e	tc.		
First Am	erican Bank		
Mailing Address	1300 N White Sands Blvd		
	Alamogordo	NM 88310	
	CITY ▲	STATE ▲	ZIP CODE ▲

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

1.			
		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
Name of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representativ	e, or Leadership PAC Spons
Emmer Majority Build	ers		
Mailing Address	824 S. Milledge Ave. Ste. 101		
	1		
	Athens	ı GA ı	30606-
Relationship:	CITY A	STATE A	ZIP CODE ▲
	d Organization Affiliated Committee X Join by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Spo
		t Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identify		t Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identify		t Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identify		t Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional)	state A	ative Leadership PAC Spo
Designated Agent: Identify	by name, address (phone number – optional) CITY		

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

h). Joint Fundraisi r	g Participant:			
1.			FEC ID number	С
2.			FEC ID number	С
3.			FEC ID number	C
4			FEC ID number	С
ame of Any Connected	Organization, Affiliated Commi	ttee, Joint Fundraisi	ng Representative	e, or Leadership PAC Spons
Grow The Majority				
Mailing Address	228 S Washington St			
	Ste 115			
	Alexandria		L VA	22314-5404
Relationship:	CITY	\	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Com		ndraising Representa	ative Leadership PAC Sp
	d Organization Affiliated Com		ndraising Representa	ative Leadership PAC Sp
esignated Agent: Identif	d Organization Affiliated Com		ndraising Representa	Leadership PAC Sp
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esignated Agent: Identif Full Name Mailing Address	Affiliated Com by name, address (phone numb	per – optional)		
Full Name Mailing Address TITLE OR POSITION Anks or Other Deposite afety deposit boxes or m	Affiliated Com by name, address (phone numb CITY ries: List all banks or other depo	per – optional)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or m ame of Bank, epository, etc.	Affiliated Com by name, address (phone numb CITY ries: List all banks or other depot aintains funds. Bridge Bank	per – optional)	STATE A	ZIP CODE A

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

(h). Joint Fundraisir	ig Participant:		
1.		FEC ID number	С
2		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
Name of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spons
2A Defense Fund	- 		
Mailing Address	824 S Milledge Ave		
	Ste 101		
Dolotionohio	Athens	GA GATATE A	30605-
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee X Joint y by name, address (phone number – optional)	Fundraising Represent	ative Leadership PAC Spo
		rundraising nepresent	
Designated Agent: Identif		runuraising nepresent	
Pesignated Agent: Identif		rundraising nepresent	
Pesignated Agent: Identif		rundraising nepresent	
Pesignated Agent: Identif	y by name, address (phone number – optional)	STATE A	ZIP CODE A
Pesignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional) CITY		
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposited afety deposit boxes or mail	y by name, address (phone number – optional) CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
Pesignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY CITY Teleprises: List all banks or other depositories in which aintains funds. Bridge Bank	STATE A	ZIP CODE A

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

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c 500 Falls CITY ion Affiliated Committee	t Fundraising	EC ID number EC ID number G Representati	C C ve, or Lead	
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c 500 Falls CITY ion Affiliated Committee	t Fundraising	g Representati	ve, or Lead	
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Falls CITY ion Affiliated Committee	X Joint Funda			01-
CITY ▲ ion Affiliated Committee	X Joint Funda			01-
CITY ▲ ion Affiliated Committee	× Joint Funda			01-
ion Affiliated Committee	X Joint Fund			ZIP CODE ▲
_	Joint Fundi	raiaina Banrasa	atativo -	Leadership PAC Spo
CITY A		STATE A		ZIP CODE ▲
5				
	Telepho	ne Number		
	CITY A	Telepho	Telephone Number	

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

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1.					
			FEC ID	number	C
3 , , , , , , ,			FEC ID	number	С
J			FEC ID	number	C
4.			FEC ID	number	C
Name of Any Connected	Organization, Affiliat	ted Committee, Joint F	undraising Repr	esentative	, or Leadership PAC Spon
Mailing Address					
Relationship:		CITY A		STATE A	ZIP CODE A
		O		017112	
Connecte		phone number – optiona	Joint Fundraising	Representa	tive Leadership PAC Sp
Connecte				Representa	tive Leadership PAC Sp
Connecte esignated Agent: Identif				Representat	tive Leadership PAC Sp
Connecte Designated Agent: Identif				Representat	tive Leadership PAC Sp
Connecte resignated Agent: Identif		phone number – optiona	al)		
Connecte Pesignated Agent: Identif	y by name, address (p		al)	Representat	Leadership PAC Sp