Image# 20	024052196	48655578
-----------	-----------	----------

05/21/2024 09:34

STATEMENT	OF
ORGANIZATI	ON

FEC FORM 1	STATEMENT OF ORGANIZATION	Office Use O	PAGE 1 / 91
1. NAME OF COMMITTEE (in full)	(Check if name Example: If ty is changed) over the lines		
ADDRESS (number and street)	425 2ND STREET NE		
(Check if address is changed)			
le changed)			
	CITY A	STATE Z	P CODE▲
COMMITTEE'S E-MAIL ADDF	ESS		
(Check if address is changed)	kbroghamer@nrsc.org		
	Optional Second E-Mail Address		
COMMITTEE'S WEB PAGE A (Check if address is changed)	DDRESS (URL)		
2. DATE 01	09 / Y Y Y Y 2024		
3. FEC IDENTIFICATION	NUMBER ► C C00027466		
4. IS THIS STATEMENT	NEW (N) OR X AME	ENDED (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 Treasu	rer DAVIS, KEITH, , ,		
Signature of Treasurer DA	VIS, KEITH, , ,	Date 05 / 21	/ Y Y Y Y 2024
NOTE: Submission of false, erro	neous, or incomplete information may subject the p ANY CHANGE IN INFORMATION SHOULD BE		of 52 U.S.C. §30109
Office Use Only	Federal El	800-424-9530 (Revised	ORM 1 1 06/2012)

FEC 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. (Comple information below.)	te the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate President	State
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Name of Candidate	
Party Committee:	
(d) A This committee is a NAT (National, State PEP (Demo	cratic, lican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conr	nected organization is a:
Corporation Corporation w/o Capital Stock Lab	oor Organization
Membership Organization Trade Association Coc	operative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	egated 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 (Hybr	id 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.

	FEC Form 1	(Revised 02/2009)	Page 3
W	rite or Type Commi	ittee Name	
	NRSC		
6.	Name of Any Co	nnected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
	Mailing Address	PO BOX 3743	
		CARMEL 46082	
		CITY A STATE A ZIP	CODE 🔺
	Relationship:	Connected Organization Affiliated Organization X Joint Fundraising Representative	ership PAC Spons

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

DAVIS, I	KEITH, , ,
Full Name	
Mailing Address	425 2ND STREET NE
	WASHINGTON DC 20002
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
	Telephone number 202 - 675 - 6000

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	DAVIS, KEITH, , ,
of Treasurer	
Mailing Address	425 2ND STREET NE
	WASHINGTON DC 20002
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	7
	Image: Telephone number 202 675 6000

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of Designated Agent	MARTIN, HEATHER, , ,	
Mailing Address	425 2ND STREET NE	
	WASHINGTON DC 20002	
	CITY A STATE A Z	
Title or Position		
	ASURER Telephone number 67	75 6000

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	8505 CENTENNIAL PKWY		
		NV 89148	
	CITY 🔺	STATE A	ZIP CODE ▲
Name of Bank, D	Pepository, etc.		
	BB&T		
Mailing Address	1909 K STREET NW		
		DC 20006	
	CITY A	STATE A	ZIP CODE

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

		Participant:										
1.						FEC ID) number	С				
2.						FEC ID) number	С				
3.						FEC ID) number	С				
4.						FEC ID) number	С				
Name of Any	Connected (Drganization, /	Affiliated C	ommittee, Jo	oint Fundra	aising Rep	oresentativ	ve, or	Leaders	ship P	AC Sp	onsor
		ORY							1 1	-	-	
Mailing A	ddress	P.O. BOX 11	59									
								1 1				
							wi j		54903			
Relations	-		-		X loint	Fundraiaina	STATE					
Relations	Connected	Organization	Affiliated	d Committee	_	Fundraising	STATE				ODE ▲	
[Connected	Organization	Affiliated	d Committee	_	Fundraising						
Designated Ag	Connected	Organization	Affiliated	d Committee	_	Fundraising						
Designated Ag	Connected	Organization	Affiliated	d Committee	_	Fundraising						
Designated Ag	Connected	Organization	Affiliated	d Committee	_	Fundraising						
Designated Ag Full Name Mailing Add	Connected	Organization by name, addi	Affiliated	d Committee	_				Le		ip PAC	
Designated Ag Full Name Mailing Add	Connected	Organization by name, addi	Affiliated	d Committee	ptional)		9 Represent		Le	eadersh	ip PAC	

CITY

STATE 🔺

ZIP CODE

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

	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
		FEC ID number	С
Name of Any Connected	I Organization, Affiliated Committee, Joint Fur	ndraising Representative	e, or Leadership PAC Sponso
HAWKEYE FUND			
Mailing Address	P.O. BOX 183		
	HUDSON		54016
Relationship:			
Full Name			
Full Name	1		
Full Name			
Mailing Address			· · · · · · · · · · · · · · · · · · ·
Mailing Address			· · · · · · · · · · · · · · · · · · ·
Mailing Address		Telephone Number	· · · · · · · · · · · · · · · · · · ·
Mailing Address	ories: List all banks or other depositories in whi	Telephone Number	
Mailing Address TITLE OR POSITION Banks or Other Deposit safety deposit boxes or m	ories: List all banks or other depositories in whi	Telephone Number	
Mailing Address TITLE OR POSITION Banks or Other Deposit safety deposit boxes or m Name of Bank, BANK	ories: List all banks or other depositories in whi	Telephone Number	
Mailing Address TITLE OR POSITION Banks or Other Depositi safety deposit boxes or m Name of Bank, Depository, etc.	ories: List all banks or other depositories in white the temperature of	Telephone Number	
Mailing Address TITLE OR POSITION Banks or Other Deposit safety deposit boxes or m Name of Bank, BANK	pries: List all banks or other depositories in white the second s	Telephone Number	
Mailing Address TITLE OR POSITION Banks or Other Depositi safety deposit boxes or m Name of Bank, Depository, etc.	pries: List all banks or other depositories in white the second s	Telephone Number	

CITY

STATE 🔺

ZIP CODE

1			
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
Name of Any Connected	Organization, Affiliated Committee, Joint Fun	draising Representativ	ve, or Leadership PAC Sponso
VICTORY FOR ALAS	SKA		
Mailing Address	901 N WASHINGTON ST		
	STE 700		
			22314
Relationship:	CITY A d Organization Affiliated Committee X Jo	STATE Ant Fundraising Represen	
Connecte			_
Connecter Designated Agent: Identif	d Organization		
Connecter	d Organization		
Connecter Designated Agent: Identif	d Organization		
Connecter	d Organization Affiliated Committee Jo		
Connecter Designated Agent: Identify Full Name Mailing Address	d Organization Affiliated Committee Jo	nt Fundraising Represen	tative Leadership PAC Spor

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

r(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
4.			
Name of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representativ	e or Leadershin PAC Sponse
BADLANDS VICTOR	-		-,
Mailing Address	P.O. BOX 26141		
Maining / Harlood			
			22313
Relationship:		STATE A	ZIP CODE A
Connecte	d Organization Affiliated Committee X Joint	Fundraising Representa	ative Leadership PAC Spo
Designated Agent: Identi	y by name, address (phone number - optional)		
Full Name	y by name, address (phone number - optional)		
	y by name, address (phone number - optional)		
Full Name	y by name, address (phone number - optional)		
Full Name	y by name, address (phone number - optional)		
Full Name			
Full Name			
Full Name		STATE	
Full Name		elephone Number	
Full Name	I I	elephone Number	
Full Name Mailing Address TITLE OR POSITION	I I </td <td>elephone Number</td> <td></td>	elephone Number	
Full Name Mailing Address TITLE OR POSITION	I I	elephone Number	
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or m Name of Bank,UNION	I I </td <td>elephone Number</td> <td></td>	elephone Number	
Full Name Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor Safety deposit boxes or m Name of Bank, Depository, etc.	CITY ▲ CITY ▲ CITY ▲ Te Dries: List all banks or other depositories in which aintains funds. N BANK & TRUST	elephone Number	
Full Name Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor Safety deposit boxes or m Name of Bank, Depository, etc.	CITY ▲ CITY ▲ CITY ▲ Te Dries: List all banks or other depositories in which aintains funds. N BANK & TRUST	elephone Number	

STATE 🔺

ZIP CODE

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

ZIP CODE

or(h). Joint Fundra	sing Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
Name of Any Connect	ed Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Sponsor
	1 2024 3RD AVE N		
Mailing Address			
	STE 211		
		AL	35203
Relationship:		STATE A	ZIP CODE
Conne	cted Organization Affiliated Committee X Join	t Fundraising Representa	tive Leadership PAC Spons
Full Name			
Mailing Address			
			-
TITLE OR POSITI			
	<u> </u>	elephone Number	
Banks or Other Depos	sitories: List all banks or other depositories in which	the committee deposite	s funds, holds accounts, rents
safety deposit boxes or	maintains funds.		
Name of Bank, BAN Depository, etc.			
	385A HIGHLAND COLONY PKWY		
Mailing Address			
		MS	39157

STATE 🔺

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	С
2			FEC ID number	С
3			FEC ID number	С
4			FEC ID number	С
	-	Drganization, Affiliated Committee, Joint Fundrai	sing Representative	e, or Leadership PAC Sponsor
	Mailing Address	P.O. BOX 50430		
		NASHVILLE		37205
	Relationship:		STATE 🔺	ZIP CODE
	Connected	Organization Affiliated Committee X Joint F	undraising Representa	tive Leadership PAC Sponsor
8. Desi g	gnated Agent: Identify	by name, address (phone number - optional)		
	gnated Agent: Identify Full Name	by name, address (phone number – optional)		
F		by name, address (phone number - optional)		
F	Full Name	by name, address (phone number - optional)		
F	Full Name	by name, address (phone number - optional)		
F	Full Name			<pre></pre>
F	Full Name		I I I I I I I I I I I I I I I I	ZIP CODE
9. Bank Safety Name	Full Name	CITY ▲ CITY ▲ CITY ▲ CITY ▲ CITY ▲ CITY ▲	phone Number	
9. Bank Safety Name	Full Name	CITY ▲ C	phone Number	

DC

STATE **A**

20006

ZIP CODE

WASHINGTON

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

or(h)	Joint Fundraising	g Participant:				
1. 💷				F	EC ID number	С
2.				F	EC ID number	C
3.				F	EC ID number	C
4.				F	EC ID number	C
Name of A	Any Connected	Organization, Affi	liated Committee, Jo	oint Fundraisir	ng Representativ	e, or Leadership PAC Sponsor
JOSH			ЕЕ 			
		P.O. BOX 31476	8			
Mail	ing Address					
					MO	63131
Rela	tionship:		CITY 🔺		STATE 🔺	ZIP CODE
Designate	d Agent: Identify	y by name, address	s (phone number – o	otional)		
Designate		by name, address	s (phone number - o	ptional)		
Full N		by name, address	s (phone number - o	ptional)		
Full N	ame	⁷ by name, address	s (phone number – o	ptional)		
Full N	ame	⁷ by name, address	s (phone number – o	otional)		
Full Nailing	ame		s (phone number – o	otional)	└	
Full Nailing	ame					ZIP CODE
Full Nailing	ame				STATE ▲	ZIP CODE
Full Nailing Mailing TITLE	ame				one Number	
Full Nailing TITLE	ame				one Number	Image: Image
Full Name of E	ame g Address E OR POSITION Other Depositor osit boxes or ma Bank, _ CHAIN		CITY A		one Number	
Full Name of E Depository	ame g Address E OR POSITION Other Depositor osit boxes or ma Bank, CHAIN , etc		CITY A or other depositories K		one Number	
Full Name of E Depository	ame g Address E OR POSITION Other Depositor osit boxes or ma Bank, _ CHAIN		CITY A or other depositories K		one Number	
Full Name of E Depository	ame g Address E OR POSITION Other Depositor osit boxes or ma Bank, CHAIN , etc		CITY A or other depositories K		one Number	

STATE 🔺

ZIP CODE

L

r(h). Joint Fundraising	Participant:			
1		FEC	ID number	С
2.		FEC	ID number	C
3.		FEC	ID number	C
4.		FEC	ID number	С
Name of Any Connected (Drganization, Affiliated Committee, Joint	Fundraising I	Representativ	e, or Leadership PAC Sponsor
Mailing Address	P.O. BOX 9891			
			VA	22219
Relationship:	CITY 🔺		STATE 🔺	ZIP CODE
Full Name	by name, address (phone number - option	al)		
Mailing Address				
TITLE OR POSITION	▼ CITY ▲		STATE 🔺	ZIP CODE
		Telephone	Number	
Banks or Other Depositor safety deposit boxes or mai	i es: List all banks or other depositories in v ntains funds.	which the com	imittee deposi	ts funds, holds accounts, rents
Name of Bank,				
Depository, etc.				
Mailing Address				
			STATE A	

		Participant:						
1.				FEG	C ID number	С		
2.				FEG	C ID number	С		
3.				FEG	C ID number	С		
4.				FEG	C ID number	С		
Name of	f Any Connected C	Organization, Affi	iliated Committee, Joir	nt Fundraising	Representativ	e, or Leac	lership P	AC Spons
TED		Y COMMITTEE						
Ма	ailing Address	P.O. BOX 97275	5					
		RALEIGH			NC	2762	24	-
							ZIP C	
		Organization	CITY A Affiliated Committee s (phone number – opti	X Joint Fundra	STATE ▲	ative		ip PAC Spo
Designat	Connected		Affiliated Committee			ative		
Designat Full 1	Connected ted Agent: Identify Name		Affiliated Committee			ative		
Designat Full 1	Connected		Affiliated Committee			ative		
Designat Full 1	Connected ted Agent: Identify Name		Affiliated Committee			ative		
Designat Full 1	Connected ted Agent: Identify Name		Affiliated Committee		ising Represent	ative	Leadersh	ip PAC Spo
Designa t Full I Mailii	Connected ted Agent: Identify Name	by name, address	Affiliated Committee	ional)				ip PAC Spo

1						
2.		FEC ID	number	С		
		FEC ID	number	С		
3.		FEC ID	number	С		
4.		FEC ID	number	С		
ame of Any Connected Org	anization, Affiliated Committee, Joint	Fundraising Repr	esentative	, or Leade	ership PAC Sp	onso
	FUND					
· · · · · · · · · · · · · · · · · · ·	P.O. BOX 590012					
Mailing Address						
L						
L	BIRMINGHAM		AL	35259		
Relationship:	CITY 🔺		STATE 🔺		ZIP CODE	
Connected Or	ganization Affiliated Committee	Joint Fundraising	Representa	tive I	_eadership PAC	Spoi
Full Name	<u> </u>	<u> </u>				
L						
	CITY 🔺	5	TATE 🔺			
TITLE OR POSITION ▼						
1		Telephone Nur	mber			

	sing Participant:		
1		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
-	ed Organization, Affiliated Committee, Joint Fundra	aising Representativ	e, or Leadership PAC Sponsor
Mailing Address	901 N WASHINGTON ST		
	STE 700		
			22314
Relationship:		STATE A	
. to lot to home here			
Connec	eted Organization Affiliated Committee X Joint	Fundraising Represent	ative Leadership PAC Spons
Connec		Fundraising Represent	Leadership PAC Spons
Designated Agent: Ider		Fundraising Represent	ative Leadership PAC Spons
Designated Agent: Ider		Fundraising Represent	Leadership PAC Spons
Designated Agent: Ider		Fundraising Represent	Leadership PAC Spons
Connect Designated Agent: Ider Full Name	utify by name, address (phone number – optional)	Fundraising Represent	ative Leadership PAC Spons
Designated Agent: Ider	ntify by name, address (phone number – optional)		

L

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 O	rganization, Affiliated Committee, Joint Fundrais	sina Representativ	or Leadershin PAC Shonsor
				_,
	Mailing Address	P.O. BOX 9891		
				22219
	Relationship:	CITY 🔺	STATE 🔺	ZIP CODE
	Connected	Drganization Affiliated Committee X Joint Fu	Indraising Represent	ative Leadership PAC Sponsor
8. Desig	nated Agent: Identify I	by name, address (phone number - optional)		
Fu	ull Name			
М	lailing Address			
۲	TITLE OR POSITION \	CITY A	STATE A	ZIP CODE
L			phone Number	
safety	s or Other Depositorie deposit boxes or main of Bank,	es: List all banks or other depositories in which the tains funds.	e committee deposit	s funds, holds accounts, rents
	sitory, etc.			
	Mailing Address			

1.										
					FEC	D number	С			
2.					FEC	D number	С			
3.					FEC	D number	С			
4.					FEC	D number	С			
			filiated Committe	e, Joint Fundr	aising Re	presentativ	e, or Lea	adership	PAC Sp	oonsor
TILLIS-		TTEE 								
Mailin	ig Address	P.O. BOX 972	275							
		RALEIGH			1		276	624	_	
	onship:		CITY 🔺			STATE		ZIP		
Relati		Organization	Affiliated Commi	ittee X Joint	Fundraisi	ng Represent	ative	Leader	ship PAC	C Spon
Designated	Connected Agent: Identify	-	Affiliated Commi		E Fundraisii	ng Represent	ative	Leader	ship PAC	C Spons
Designated Full Nat	Agent: Identify	-			Fundraisii	ng Represent		Leader	ship PAC	C Spons
Designated Full Nat	Connected Agent: Identify	-			Fundraisii	ng Represent	ative	Leader	ship PAC	C Spons
Designated Full Nat	Agent: Identify	-			Fundraisii	ng Represent	ative	Leader	ship PAC	C Spons
Designated Full Nat	Agent: Identify	-	ess (phone numbe		Fundraisii		ative			C Spons
Designated Full Na Mailing	Agent: Identify	by name, addr		r – optional)	Fundraisin				ship PAC	C Spons

) or (h). Joint Fund	Iraising Participant:	
1.		FEC ID number
2.		FEC ID number
3.		FEC ID number
4.		FEC ID number
Name of Any Conn	ected Organization, Affiliated Committee, Joint F	undraising Representative, or Leadership PAC Sponsor
Rick Scott Victo		
Mailing Addres	s P.O. BOX 9891	
		VA 22219
Relationship:		STATE A ZIP CODE A
Cor	nnected Organization	Joint Fundraising Representative Leadership PAC Spons
Full Name		
Mailing Address		
		STATE A ZIP CODE A
TITLE OR POS		Telephone Number
Banks or Other Dep safety deposit boxes Name of Bank, Depository, etc.	positories: List all banks or other depositories in w or maintains funds.	nich the committee deposits funds, holds accounts, rents
Mailing Addre	ss	
	CITY 🔺	STATE ▲ ZIP CODE ▲

1.						FEC II) number	С				
2.						FEC II) number	С				
3.						FEC I) number	С				
4.						FEC II) number	С				
Name of Any C	onnected O	rganization, A	ffiliated Com	mittee, Join	t Fundrai	ising Rep	oresentativ	ve, or	Leade	rship	PAC S	ponso
COLORADO	SENATE)22					1 1		1 1	1 1	1 1
Mailing Ac	dress	P.O. BOX 989)1									
							VA		22219		-	
				Y 🔺		··	STATE A			ZIP	CODE	
Relationsh	ip:		OII									
Relationsh	Connected (Affiliated C	ommittee		undraisin	g Represent	tative		_eader	ship PA	C Spor
	Connected (Affiliated C	ommittee		Fundraising	g Represent			_eader		C Spor
Designated Age	Connected C		Affiliated C	ommittee		-undraising	9 Represent			_eader		C Spor
Designated Age Full Name	Connected C		Affiliated C	ommittee		-undraisin	9 Represent	tative		_eader:		C Spor
Designated Age Full Name	Connected C		Affiliated C	ommittee		-undraising	9 Represent			_eader		C Spor
Designated Age Full Name Mailing Addr	Connected Cont: Identify b	by name, addre	Affiliated C	ommittee umber – opti			g Represent					
Designated Age Full Name Mailing Addr	Connected Cont: Identify be	by name, addre	Affiliated C	ommittee umber – opti	onal)		 STATE ▲				ship PA	

L

	oonin i unurunoning	g 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 Affi	isted Committee Joint	Fundraising P	oprocontativ	e, or Leadership PAC Sponso	
	SCOTT VICTOR			runulaising n	epresentativ	e, of Leadership FAC Sponse	,
Ν	Mailing Address	1405 ASHLEY R	IVER RD				
		CHARLESTON			SC	29407	
F	Relationship:		CITY 🔺		STATE A	ZIP CODE	
	Connected	Organization	Affiliated Committee	Joint Fundrais	ing Represent	ative Leadership PAC Spo	nsor
	I Name		s (phone number – option	,			
Ма	iling Address						
Ма							
Ма							
	iling Address		· · · · · · · · · · · · · · · · · · ·				
		<pre></pre>		Telephone			
TI	iling Address		<u> </u>		Number		
TI Banks	iling Address	ies: List all banks	<u> </u>		Number		
TI Banks safety o	iling Address	ies: List all banks	<u> </u>		Number		
TI Banks safety o Name o Deposi	illing Address TLE OR POSITION Or Other Depositor deposit boxes or mai of Bank, tory, etc.	ies: List all banks	<u> </u>		Number		
TI Banks safety o Name o Deposi	iling Address TLE OR POSITION Or Other Depositor deposit boxes or mai of Bank,	ies: List all banks	<u> </u>		Number		
TI Banks safety o Name o Deposi	illing Address TLE OR POSITION Or Other Depositor deposit boxes or mai of Bank, tory, etc.	ies: List all banks	<u> </u>		Number		

g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	С
2	2.		FEC ID number	С
3	3.		FEC ID number	С
4	I. <u> </u>		FEC ID number	С
Nam	o of Any Connected (Organization, Affiliated Committee, Joint Fundrais	sing Poprosontativ	or Loadership BAC Sponsor
	-			
	Mailing Address	900 CIRCLE 75		
		STE 100		
		ATLANTA	GA	30339
	Relationship:		STATE 🔺	ZIP CODE
	gnated Agent: Identify	by name, address (phone number – optional)		
	Mailing Address	<u> </u>		
	TITLE OR POSITION		STATE A	
L		1	1	_ _
			phone Number	
safet Name	ks or Other Depositori y deposit boxes or main e of Bank, psitory, etc.	es: List all banks or other depositories in which the		s funds, holds accounts, rents
safet Name	y deposit boxes or mair e of Bank, psitory, etc.	es: List all banks or other depositories in which the		s funds, holds accounts, rents

1					
2.		FEC II	D number	C	
		FEC II	D number	С	
3.		FEC II	D number	С	
4		FEC II	D number	С	
Name of Any Connected O	rganization, Affiliated Committee, Joir	nt Fundraising Re	presentative	or Leadershin BAC Sho	ne
Mailing Address	50 S JONES BLVD #201				I
maning / daleee					
	LAS VEGAS		NV	89107	
Relationship:			STATE ▲		
Connected (Drganization Affiliated Committee	× Joint Fundraisin		ative	~
Designated Agent: Identify b	by name, address (phone number – opti	ional)			
Designated Agent: Identify b	by name, address (phone number – opti	ional)			
	by name, address (phone number – opti	ional)			
Full Name	by name, address (phone number – opti	ional)			
Full Name	by name, address (phone number – opti	ional)			
Full Name		ional)			
Full Name		ional)			

L

(g) or (h).	Joint Fundraising	Participant:					
1.					FEC ID	number	C
2.					FEC ID	number	С
3.					FEC ID	number	C
4.					FEC ID	number	С
News		Ownerstern Aff		int Frankrik	in a Dan		a an Laadanshin DAO Onanaa
	XALT VICTORY FU	-	liated Committee, Jo	oint Fundrais	ing Rep	resentative	e, or Leadership PAC Sponsor
r	Mailing Address	50 S JONES BL	.VD #201				
		LAS VEGAS				NV	89107
I	Relationship:		CITY 🔺			STATE A	ZIP CODE
	Connected	Organization	Affiliated Committee	🗙 Joint Fu	ndraising	Representa	ative
Desigr	nated Agent: Identify	by name, address	s (phone number – oj	ptional)			
	nated Agent: Identify	by name, addres	s (phone number - o	ptional)			
Fu		by name, address	s (phone number - o	ptional)			
Fu	II Name	by name, address	s (phone number - o	ptional)			
Fu	II Name	by name, address	s (phone number – o	ptional)			
Fu	III Name		s (phone number – o	ptional)			<pre></pre>
Fu	II Name						
Fu	III Name						I = I = I = I = I = I = I = I = I = I =
Fu Ma T Banks	ailing Address				hone Nu	umber	I = I = I = I = I = I = I = I = I = I =
Fu Ma T L Banks safety	ailing Address				hone Nu	umber	
Fu Ma T Banks safety Name	ailing Address				hone Nu	umber	
Fu Ma T Banks safety Name Depos	II Name				hone Nu	umber	
Fu Ma T Banks safety Name Depos	II Name				hone Nu	umber	
Fu Ma T Banks safety Name Depos	II Name		CITY ▲		hone Nu	umber	

1 FEC ID number 2. FEC ID number 3. FEC ID number 4. FEC ID number 4. FEC ID number 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spont LEVY VICTORY Mailing Address PO BOX 30844 Mailing Address CITY A STATE A ZIP CODE A Mailing Address CITY A STATE A ZIP CODE A TITLE OR POSITION ▼ CITY A STATE A ZIP CODE A							
2.	1.		FEC	D ID number	С		
4. FEC ID number C Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponse LEVY VICTORY Mailing Address PO BOX 30844 Mailing Address Connected Organization Affiliated Committee X Joint Fundraising Representative Leadership PAC Sponse BETHESDA BETHESDA Affiliated Committee X Joint Fundraising Representative Leadership PAC Sponse Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address Affiliated Committee CITY A STATE A ZIP CODE A TITLE OR POSITION ▼	2.		FEC	D ID number	С		
4. FEC ID number C Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponse LEVY VICTORY Mailing Address PO BOX 30844 Mailing Address PO BOX 30844 BETHESDA MD BETHESDA MD Connected Organization Affiliated Committee X Donnected Organization Affiliated Committee X Joint Fundraising Representative Leadership PAC Sponse BETHESDA MD 20824 - BETHESDA MD Leadership CITY ▲ STATE ▲ ZIP CODE ▲ Mailing Address	3.		FEC	D number	С		
LEVY VICTORY Mailing Address PO BOX 30844 BETHESDA BETHESDA B			FEC	CID number	С		
LEVY VICTORY							
Mailing Address PO BOX 30844 Mailing Address BETHESDA BETHESDA BETHESDA MD 20824 BETHESDA BETHESDA MD 20824 BETHESDA MD 20824 BETHESDA MD 20824 BETHESDA MD 20824 CITY ▲ STATE ▲ ZIP CODE ▲ Mailing Address CITY ▲ STATE ▲ ZIP CODE ▲ CITY ▲ STATE ▲ ZIP CODE ▲ CITY ▲ STATE ▲ ZIP CODE ▲ CITY ▲ STATE ▲ ZIP CODE ▲ Address CITY ▲ STATE ▲ ZIP CODE ▲		Organization, Affiliated Committee, J	oint Fundraising	Representative	e, or Leade	rship PAC	Sponsor
Mailing Address BETHESDA BETHESDA BETHESDA CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sp Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address CITY ▲ STATE ▲ ZIP CODE ▲ TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲							
Mailing Address BETHESDA BETHESDA BETHESDA CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sp Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address CITY ▲ STATE ▲ ZIP CODE ▲ TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲							
Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee ✓ Joint Fundraising Representative Leadership PAC Sp Designated Agent: Identify by name, address (phone number – optional) Full Name	Mailing Address	PO BOX 30844					
Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee X Joint Fundraising Representative Leadership PAC Sp Designated Agent: Identify by name, address (phone number – optional) Identify by name, address (phone number – optional) Full Name		1					
Connected Organization Affiliated Committee X Joint Fundraising Representative Leadership PAC Sp Designated Agent: Identify by name, address (phone number – optional) Full Name		BETHESDA			20824		
Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address Image: Citry ▲ STATE ▲ ZIP CODE ▲	Relationship:			STATE ▲			
Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address Image: Citry ▲ STATE ▲ ZIP CODE ▲	Connecte	d Organization		sina Representa		eadershin P	AC Snonsc
TITLE OR POSITION V CITY A STATE A ZIP CODE A			optional)				
TILE OR POSITION ▼	Designated Agent: Identi		optional)				
TITLE OR POSITION ▼	Designated Agent: Identi Full Name		pptional)				
TITLE OR POSITION ▼	Designated Agent: Identi Full Name		pptional)				
Telephone Number	Designated Agent: Identi Full Name		pptional)				
	Designated Agent: Identi Full Name Mailing Address	y by name, address (phone number – o	pptional)				
	Designated Agent: Identi Full Name Mailing Address	y by name, address (phone number – o					
	Designated Agent: Identi Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – c	Telephone	e Number] – [_		
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rent safety deposit boxes or maintains funds.	Designated Agent: Identi Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – o	Telephone	e Number] – [_		
	Designated Agent: Identi Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or m Name of Bank,	y by name, address (phone number – o	Telephone	e Number] – [_		
safety deposit boxes or maintains funds. Name of Bank,	Designated Agent: Identi Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or m Name of Bank, Depository, etc.	y by name, address (phone number – o	Telephone	e Number] – [_		
safety deposit boxes or maintains funds. Name of Bank, Depository, etc.	Designated Agent: Identi Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or m Name of Bank, Depository, etc.	y by name, address (phone number – o	Telephone	e Number] – [_		
safety deposit boxes or maintains funds. Name of Bank, Depository, etc.	Designated Agent: Identi Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or m Name of Bank, Depository, etc.	y by name, address (phone number – o	Telephone	e Number] – [_		

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

ZIP CODE

STATE 🔺

5(g) or (h).	Joint Fundraising	Participant:		
1.	. [FEC ID number	С
2	2.		FEC ID number	С
3	3.		FEC ID number	C
4	. <u> </u>		FEC ID number	C
	-	rganization, Affiliated Committee, Joint Fundra	aising Representativ	e, or Leadership PAC Sponsor
M				
	Mailing Address	228 S WASHINGTON ST		
		STE 115		
				22314
	Relationship:		STATE 🔺	ZIP CODE
	Connected C	Drganization Affiliated Committee X Joint	Fundraising Represent	ative Leadership PAC Sponsor
		by name, address (phone number – optional)		
F	Full Name	by name, address (phone number – optional)		
F		by name, address (phone number – optional)		
F	Full Name	by name, address (phone number - optional)		
F	Full Name			
F	Full Name			<pre></pre>
F	Full Name	L	I I I I I I I I I I I I I I I I I I I	· · · · · · · · · · · · · · · · · · ·
9. Bank safet	Full Name Mailing Address TITLE OR POSITION ▼ ks or Other Depositorie y deposit boxes or main		lephone Number	
9. Bank Safety Name	Full Name	CITY ▲ CITY ▲ Te Es: List all banks or other depositories in which the tains funds.	lephone Number	s funds, holds accounts, rents
9. Bank Safety Name	Full Name Mailing Address TITLE OR POSITION ▼ Ks or Other Depositorie y deposit boxes or main e of Bank,	CITY ▲ CITY ▲ Te Es: List all banks or other depositories in which the tains funds.	lephone Number	s funds, holds accounts, rents

1.										
					FEC	ID number	С			
2.					FEC	ID number	С			
3.					FEC	ID number	С			
4.					FEC	ID number	С			
Name of A	Any Connected	Organization, A	ffiliated Committe	ee, Joint Fund	draising R	epresentativ	e, or Le	eadershi	ip PAC	Spon
		PO BOX 1243								
Mailir	ng Address									
		ALEXANDRIA						2313		
								71		
		Organization	CITY A Affiliated Comm ess (phone number		nt Fundrais	STATE ▲		-	P COD	
	Connected		Affiliated Comm		nt Fundrais			-		
Designated Full Na	Connected		Affiliated Comm		nt Fundrais			-		
Designated Full Na	Connected		Affiliated Comm		nt Fundrais			-		
Designated Full Na	Connected		Affiliated Comm		nt Fundrais			-		
Designated Full Na Mailing	Connected	by name, addre	Affiliated Comm		nt Fundrais			Lead		PAC Sp
Designated Full Na Mailing	Connected	by name, addre	Affiliated Commenses (phone number	er – optional)	nt Fundrais	ing Represent		Lead	lership 	PAC Sp

I								
1.			FEC	ID number	С			
2.			FEC	ID number	С			
3.			FEC	ID number	С			
4.			FEC	ID number	С			
ame of Any Connected	Organization, Aff	iliated Committee, Joint	Fundraising R	epresentative	e, or Le	adershij	D PAC S	ponsor
Mailing Address	P.O. BOX 183							
	HUDSON		1	WI	54	016		1 1
						ZIF	, CODE	
Relationship:								
Connected	d Organization		≺ Joint Fundrais nal)	ing Representa	ative	Leade	ership PA	C Spor
Connected				ing Representa		Leade	ership PA	
Esignated Agent: Identify				ing Representa	ative	Leade	ership PA	C Spon
Connected				ing Representa	ative	Leade	ership PA	C Spon
Connected	/ by name, addres	s (phone number – optio						C Spon
Connected	/ by name, addres	s (phone number – optio					PA	C Spon

1.				FEC	ID number	С			
2.				FEC	ID number	С			
3.				FEC	ID number	С			
4.				FEC	ID number	С			
Name of Any Co	nnected Organizat	ion, Affiliated Con	nmittee, Joint F	Fundraising I	Representativ	e, or Le	adership	PAC S	ponso
SMILEY VIC									1 1
	. 228 6	WASHINGTON ST.							
Mailing Add	ress								
	STE. 1	15							
					VA	22	314		
	: Connected Organizat	CIT			STATE ▲	ative		CODE	
	: Connected Organizat	ion Affiliated C	Committee X						
Designated Ager	: Connected Organizat t: Identify by name	ion Affiliated C	Committee X			ative			
Designated Ager	: Connected Organizat t: Identify by name	ion Affiliated C	Committee X			ative			
Designated Ager	: Connected Organizat t: Identify by name	ion Affiliated C	Committee X			ative			
Designated Ager Full Name [Mailing Addre	: Connected Organizat t: Identify by name	ion Affiliated C				ative	Leade		
Designated Ager	: Connected Organizat t: Identify by name ss	CIT	Committee ×		sing Represent		Leade	ership PA	

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

ZIP CODE

STATE 🔺

5(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	
2.			EC ID number	
3.			FEC ID number	
4. [EC ID number	
6. Name	of Any Connected O	rganization, Affiliated Committee, Joint Fundraisi	ng Representative, or Leadership PAC Sponse	or
N	lailing Address	228 S. WASHINGTON ST.		
		STE. 115		
		ALEXANDRIA	VA 22314	
F	Relationship:	CITY 🔺	STATE ▲ ZIP CODE ▲	
	Connected C	Drganization Affiliated Committee X Joint Fun	draising Representative 🔲 Leadership PAC Spo	onsor
8. Design	ated Agent: Identify b	by name, address (phone number – optional)		
_	ated Agent: Identify b	by name, address (phone number – optional)		
Full		by name, address (phone number – optional)		
Full	I Name	by name, address (phone number - optional)		
Full	I Name	by name, address (phone number - optional)		
Full	I Name			
Full	I Name			
Full	I Name		Image: State ▲ State ▲ ZIP CODE ▲	
Full Mai TI 9. Banks	I Name iling Address TLE OR POSITION ▼	CITY ▲ CITY ▲ Telept Es: List all banks or other depositories in which the	none Number	
Full Mai 9. Banks safety o Name o	I Name iling Address TLE OR POSITION ▼ or Other Depositorie	CITY CITY Teleph Es: List all banks or other depositories in which the tains funds.	none Number	
Full Mai TI 9. Banks safety o Name o Deposit	I Name iling Address TLE OR POSITION ▼ or Other Depositorie deposit boxes or main of Bank,	CITY CITY Teleph Es: List all banks or other depositories in which the tains funds.	none Number	

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

WALKER GRAHAM MAJORITY FUND Mailing Address 228 S. WASHINGTON ST. Attemport Attemport VA 22314	Percent of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor WALKER GRAHAM MAJORITY FUND Mailing Address 228 S. WASHINGTON ST. Mailing Address 228 S. WASHINGTON ST. Mailing Address 228 S. WASHINGTON ST. ALEXANDRIA VA 122314 229 S. WASHINGTON ST. Mailing Address 220 S. WASHINGTON ST. ALEXANDRIA VA 122314 Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor VA 122314 VA 122314 VA 122314 VA 122314 14 VA 15 16 17 17 18 18 18 18 18 18 18 18 18 18 19 <	or(h).	Joint Fundraising	Participant:			
Image: Sector Stress FEC ID number Image: Sector Stress Image: Sector Stress Stress Stress Image: Stress<	2	1.			FEC ID	number	C
9.	3.	2.			FEC ID	number	С
The second se	Time of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor WALKER GRAHAM MAJORITY FUND Mailing Address 228 S. WASHINGTON ST. Mailing Address 228 S. WASHINGTON ST. ALEXANDRIA VA 22314 ALEXANDRIA VA 22314 ALEXANDRIA VA 22314 Alexandria CITY ▲ STATE ▲ ZIP CODE ▲ TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ ZIP CODE ▲ CITY ▲ STATE ▲ ZIP CODE ▲ ZIP CODE ▲ CITY ▲ STATE ▲ ZIP CODE ▲ TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ ZIP CODE ▲ A state ▲ ZIP CODE ▲ A state ▲ ZIP CODE ▲ A state ▲ ZIP CODE ▲	3.			FEC ID	number	C
WALKER GRAHAM MAJORITY FUND Mailing Address 228 S. WASHINGTON ST. Mailing Address STE: 115 ALEXANDRIA VA 22314 ALEXANDRIA VA 22314 ALEXANDRIA VA 22314 ALEXANDRIA VA 22314 CITY A STATE A ZIP CODE Mailing Address Mailing Address CITY A STATE A ZIP CODE A CITY A STATE A ZIP CODE A CITY A STATE A	WALKER GRAHAM MAJORITY FUND Mailing Address 228 S. WASHINGTON ST. STE: 115 ALEXANDRIA VA 229 Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spons signated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address CITY ▲ STATE ▲ ZIP CODE ▲ TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ CITY ▲ STATE ▲ ZIP CODE ▲ CITY ▲ STATE ▲ ZIP CODE ▲	4.			FEC ID	number	C
WALKER GRAHAM MAJORITY FUND Mailing Address 228 S. WASHINGTON ST. Mailing Address STE: 115 ALEXANDRIA VA 22314 CITY A STATE A ZIP CODE A Mailing Address CITY A STATE A ZIP CODE A	WALKER GRAHAM MAJORITY FUND Mailing Address 228 S. WASHINGTON ST. STE: 115 ALEXANDRIA VA 229 Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spons signated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address CITY ▲ STATE ▲ ZIP CODE ▲ TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ CITY ▲ STATE ▲ ZIP CODE ▲ CITY ▲ STATE ▲ ZIP CODE ▲						
Mailing Address 228 S. WASHINGTON ST. STE. 115 ALEXANDRIA ALEXANDRIA CITY A STATE A ZIP CODE CITY A STATE A ZIP CODE A	Mailing Address 228 S. WASHINGTON ST. Mailing Address STE. 115 ALEXANDRIA VA ALEXANDRIA VA Connected Organization Affiliated Committee X Joint Fundraising Representative Leadership PAC Spons signated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address CITY ▲ STATE ▲ ZIP CODE ▲ CITY ▲ STATE ▲ ZIP CODE ▲ UNDER				ndraising Rep	resentative	e, or Leadership PAC Sponsor
Mailing Address STE. 115 ALEXANDRIA ALEXANDRIA ALEXANDRIA ALEXANDRIA ALEXANDRIA VA 22314 CITY A STATE A ZIP CODE A Outry A STATE A ZIP CODE A	Mailing Address STE. 115 ALEXANDRIA VA 22314 VA 22314 VA 22314 ALEXANDRIA VA 22314 - VA 22314 VA 22314 - Citry A STATE A ZiP CODE A Mailing Address - - - Mailing Address - - - - - Mailing Address - <	WA					
Mailing Address STE. 115 ALEXANDRIA ALEXANDRIA ALEXANDRIA ALEXANDRIA ALEXANDRIA VA 22314 CITY A STATE A ZIP CODE A Outry A STATE A ZIP CODE A	Mailing Address STE. 115 ALEXANDRIA VA 22314 VA 22314 VA 22314 ALEXANDRIA VA 22314 - VA 22314 VA 22314 - Citry A STATE A ZiP CODE A Mailing Address - - - Mailing Address - - - - - Mailing Address - <						
ALEXANDRIA Relationship: CITY ▲ STATE ▲ ZIP CODE Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAG Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address Image: City A State A ZIP CODE A	ALEXANDRIA Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee X Joint Fundraising Representative Leadership PAC Spons signated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address CITY ▲ STATE ▲ ZIP CODE ▲ ZIP CODE ▲ TITLE OR POSITION ▼	Ν	Mailing Address				
Relationship: CITY ▲ STATE ▲ ZIP CODE Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAG Designated Agent: Identify by name, address (phone number – optional) Full Name	Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee ✓ Joint Fundraising Representative Leadership PAC Spons signated Agent: Identify by name, address (phone number – optional) Full Name			STE. 115			
Connected Organization Affiliated Committee Affiliated Committee Joint Fundraising Representative Leadership PAG Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address Image: Contract of the second	Connected Organization Affiliated Committee X Joint Fundraising Representative Leadership PAC Spons signated Agent: Identify by name, address (phone number – optional) Full Name				1	VA	22314
Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address Image: Interview of the second s	signated Agent: Identify by name, address (phone number – optional) Full Name	F	Relationship:				
Mailing Address	Mailing Address Miling Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲		Connected	Organization Affiliated Committee X Jo	bint Fundraising	Representa	ative Leadership PAC Spons
	TITLE OR POSITION V CITY A STATE A ZIP CODE A		nated Agent: Identify			Represent	Leadership PAC Spons
L L	TITLE OR POSITION V	Ful	nated Agent: Identify			Representa	
L L	TITLE OR POSITION V	Ful	nated Agent: Identify			Representa	Leadership PAC Spons
TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲	TITLE OR POSITION V	Ful	nated Agent: Identify			Representa	
	Telephone Number -	Ful	nated Agent: Identify				
		Ful	nated Agent: Identify II Name	by name, address (phone number – optional)			
		Ful	nated Agent: Identify II Name	by name, address (phone number – optional)			
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, safety deposit boxes or maintains funds.	erv deposit doxes of maintains junds.	Ful Ma TI	nated Agent: Identify II Name ailing Address ITLE OR POSITION	by name, address (phone number – optional)		STATE	
safety deposit boxes or maintains funds.		Ful Ma	nated Agent: Identify II Name ailing Address ITLE OR POSITION or Other Depositor deposit boxes or mai	by name, address (phone number – optional)		STATE	
	me of Bank,	Ful Ma TI Banks safety Name	nated Agent: Identify II Name ailing Address ITLE OR POSITION or Other Depositor deposit boxes or mai of Bank,	by name, address (phone number – optional)		STATE	
safety deposit boxes or maintains funds. Name of Bank,	me of Bank, pository, etc.	Ful Ma TI Banks safety Name Deposi	nated Agent: Identify II Name ailing Address ITLE OR POSITION or Other Depositor deposit boxes or main of Bank, itory, etc	by name, address (phone number – optional)		STATE	
safety deposit boxes or maintains funds. Name of Bank, Depository, etc.	me of Bank, pository, etc.	Ful Ma TI Banks safety Name Deposi	nated Agent: Identify II Name ailing Address ITLE OR POSITION or Other Depositor deposit boxes or main of Bank, itory, etc	by name, address (phone number – optional)		STATE	
safety deposit boxes or maintains funds. Name of Bank, Depository, etc.	me of Bank, pository, etc.	Ful Ma TI Banks safety Name Deposi	nated Agent: Identify II Name ailing Address ITLE OR POSITION or Other Depositor deposit boxes or main of Bank, itory, etc	by name, address (phone number – optional)		STATE	

CITY

STATE **A**

ZIP CODE

	ndraising Participant:					
1.			FEC ID nu	mber C		_
2.			FEC ID nu	mber C		
3.			FEC ID nu	mber C		
4.			FEC ID nur	nber C		
Name of Any Con	nocted Organization A	ffiliated Committee, Joint Fu	Indraising Boprose	ntativo or Lo	adarshin BAC Spor	neor
-						
Mailing Addre	228 S WASH	NGTON STREET SUITE 115				
		\ 		VA 22	2314	
Relationship:		CITY 🔺	STA		ZIP CODE 🔺	
Full Name		ess (phone number - optiona)			
Mailing Address	s					
TITLE OR POS				⊥		
		I	Telephone Numbe		–	
Banks or Other De	epositories: List all ban	I	Telephone Numbe	er 🛄 🖂	-	⊥ ⊥⊥ ⊥ ⊥⊥ nts
Banks or Other De safety deposit boxes Name of Bank,			Telephone Numbe	er 🛄 🖂	-	nts
Banks or Other Desafety deposit boxes Name of Bank, Depository, etc.	epositories: List all ban s or maintains funds.		Telephone Numbe	er 🛄 🖂	-	
Banks or Other De safety deposit boxes Name of Bank,	epositories: List all ban s or maintains funds.		Telephone Numbe	er 🛄 🖂	-	
Banks or Other Desafety deposit boxes Name of Bank, Depository, etc.	epositories: List all ban s or maintains funds.		Telephone Numbe	er 🛄 🖂	-	
Banks or Other Desafety deposit boxes Name of Bank, Depository, etc.	epositories: List all ban s or maintains funds.		Telephone Numbe	er	-	

5(g) or (h).	Joint Fundraising	Participant:		
1. [FEC ID number	C
2.			FEC ID number	C
3.			FEC ID number	С
4. [FEC ID number	С
	-	Drganization, Affiliated Committee, Joint Fundrai	sing Representative	e, or Leadership PAC Sponsor
202				
N	Nailing Address	900 CIRCLE 75 PKWY SE		
		STE 100		
			GA	30339
R	Relationship:		STATE A	
	Connected	Organization Affiliated Committee X Joint F	undraising Representa	ative Leadership PAC Sponsor
8. Design	ated Agent: Identify	by name, address (phone number - optional)		
Full	I Name			
Mai	iling Address			
		L		
TI	TLE OR POSITION		STATE A	ZIP CODE
		Tele	phone Number	
	or Other Depositor deposit boxes or mai	es: List all banks or other depositories in which th ntains funds.	e committee deposit	s funds, holds accounts, rents

Name of Bank, Depository, etc.																							
Mailing Address																							
	L																						
					C	ITY	∕▲					SI	TAT	Ε				ZIP	С	DD	E 🔺	•	I

1													
1. 🗌						∫ F	EC ID	number	С				
2.						j F	EC ID	number	С				
з. 🗌						j F	EC ID	number	С				
4.						F	EC ID	number	С				
Name o	of Any Connected	Drganization, Affi	liated Co	mmittee, J	Joint Fu	ndraisir	ig Rep	resentativ	e, or L	.eader	ship I	PAC S	ponsor
FRIE		DY				1 1			1 1	1 1		1 1	
М	lailing Address	3337 NORTH H	ULLEN ST										
		SUITE 301				1 1				1 1	1 1	1 1	
		METAIRIE							1	70002		1_1	
													<u> </u>
R	elationship:		CI	TY 🔺							ZIP (CODE	
	elationship: Connected	Organization by name, addres	Affiliated	TY ▲ Committee number – o	_		draising	Represent	ative	Le		DDE	C Spons
Designa	Connected		Affiliated	Committee	_		draising		ative				
Design a Full	Connected		Affiliated	Committee	_		draising		ative				
Design a Full	Connected ated Agent: Identify Name		Affiliated	Committee	_		draising		ative				
Design a Full	Connected ated Agent: Identify Name		Affiliated	Committee	_		draising		ative				
Designa Full Mail	Connected	by name, addres	Affiliated	Committee	_				ative		eaders		
Designa Full Mail	Connected	by name, addres	Affiliated	Committee	_			Represent	ative		eaders	hip PA(

1. L 2. L								
2.				FEC	ID number	С		
				FEC	ID number	С		
3.				FEC	ID number	С		
4.				FEC	ID number	С		
Name of A	Any Connected C)rganization, Affili	iated Committee, Joint	Fundraising R	epresentative	e, or Leade	ership PAC S	Sponsor
Mailir	ng Address	1327 H STREET						
	.g /	STE 101						
						68508	B	
Relat	ionship:				L⊥L STATE ▲			
		Organization		 Joint Fundrais 			Leadership P/	
Full Na	me							
	Address	1						
Mailing								
Mailing								
Mailing							· · · · ·	
	OR POSITION	· · · · · · · · · · · · · · · · · · ·		Telephone				

1									
1. 🗌 🖂 🖂				F	EC ID number	С			
2.				F	EC ID number	С			
3.				_ F	EC ID number	С			
4.				F	EC ID number	С			
Name of Any C	onnected Org	ganization, Affil	iated Committee, Joir	nt Fundraisin	g Representativ	ve, or L	eadersh	nip PAC	Spon
	MAKERS FL	JND							
		2024 3RD AVE N	J						
Mailing Add	dress								
	L	STE 211							
		BIRMINGHAM			AL		35203		
	L								
Relationshi	Connected Or	rganization	CITY Affiliated Committee (phone number – opt		STATE ▲ raising Represen			dership	
	Connected Or	rganization	Affiliated Committee						
Designated Age	Connected Or	rganization	Affiliated Committee						
Designated Age	Connected Or	rganization	Affiliated Committee						
Designated Age	Connected Or	rganization	Affiliated Committee						
Designated Age Full Name Mailing Addre	Connected Or nt: Identify by	rganization	Affiliated Committee				Lea		PAC S
Designated Age Full Name Mailing Addre	Connected Or	rganization	Affiliated Committee	ional)	raising Represen		Lea	dership	PAC S

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

-

ZIP CODE

5(g)	or (h). Joint Fundraising	Participant:											
	1.					FI	EC ID	number	С				
	2.					FI	EC ID	number	С				
	3.					FI	EC ID	number	С				
	4.					FI	EC ID	number	С				
6.	Name of Any Connected (2024 REPUBLICAN S	-		mmittee, Jo	oint Fur	ndraising	g Repre	esentativ	e, or L	eadersh	ip PAC	; Spor	1sor
	Mailing Address	228 S. WASI	HINGTON STR	REET									
		SUITE 115											
			A						2	22314			
	Relationship:		CI	TY 🔺						ZI	P COD	DE 🔺	
	Connected	Organization	Affiliated	Committee	× Jo	oint Fund	raising I	Represent	ative	Lead	lership	PAC S	Sponsor
8.	Designated Agent: Identify	by name, add	ress (phone r	number – o	ptional)								
	Full Name											<u> </u>	
	Mailing Address											<u> </u>	
												<u> </u>	
	TITLE OR POSITION		CITY	_ / ▲			ST			ZIP			
		•				Telepho	one Nur	nber] – [
9.	Banks or Other Depositor safety deposit boxes or mai Name of Bank,	es: List all bai ntains funds.	nks or other										nts
	Depository, etc.												<u> </u>
	Mailing Address												
											1 1	1 1	, , I

STATE 🔺

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

(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	C
2.			FEC ID number	С
3.			FEC ID number	C
4.			FEC ID number	С
. Name	of Any Connected	Drganization, Affiliated Committee, Joint Fundrai	sing Representative	e, or Leadership PAC Sponsor
	Mailing Address	3501 MACCORKLE AVE SE		
		NUM 131		
				25304
	Relationship:	CITY A	STATE A	
	Connected	Organization	undraising Representa	ative Leadership PAC Sponsor
		by name, address (phone number – optional)		
Fu	ull Name	by name, address (phone number – optional)		
Fu		by name, address (phone number - optional)		
Fu	ull Name	by name, address (phone number - optional)		
Fu	ull Name	by name, address (phone number - optional)		
Fu	ull Name			
Fu	ull Name		I I I I I I I I I I I I I I I I I I I	ZIP CODE ▲
Fu Ma T 	ailing Address	CITY ▲ CITY ▲ Tele	phone Number	
Fu Ma T 	ull Name	CITY ▲ CITY ▲ Tele	phone Number	
Fu Ma T 	ailing Address	CITY ▲ CITY ▲ Tele	phone Number	
Fu Ma T 	ailing Address	CITY ▲ CITY ▲ Tele	phone Number	

CITY

STATE **A**

ZIP CODE

L

(g) or (h).	Joint Fundraising	Participant:				
1.				FEC	ID number	С
2.				FEC	ID number	C
3.				FEC	ID number	С
4.				FEC	ID number	C
	-	-	ed Committee, Joint	Fundraising I	Representativ	e, or Leadership PAC Sponsor
	NI'S ROAST AND F					
l	Mailing Address	PO BOX 93441				
		1				
		DES MOINES				50393
	Relationship:				STATE ▲	
	Connected	Organization Affi	iliated Committee	Joint Fundrai	sing Represent	ative Leadership PAC Sponsor
	nated Agent: Identify	by name, address (p	hone number – option	nal)		
Fu	ull Name	by name, address (p	hone number – option	nal)		
Fu		by name, address (p	hone number – option	nal)		
Fu	ull Name	by name, address (p	hone number – option	nal)		
Fu	ull Name	by name, address (p		nal)		
Fu	ull Name		hone number – option			· · · · · · · · · · · · · · · · · · ·
Fu	ull Name			nal)		
Fu Ma T Banks safety Name	ull Name		CITY ▲	Telephone	e Number	Image: Image of the second
Fu Ma T Banks safety Name	Address TITLE OR POSITION TITL		CITY ▲	Telephone	e Number	
Fu Ma T Banks safety Name	Address TITLE OR POSITION TITL		CITY ▲	Telephone	e Number	

L

1. 🗋				FEC	ID number	С
2.				FEC	ID number	С
з. L				FEC	ID number	С
4.				FEC	ID number	С
Name o	f Any Connected (Organization, Aff	iliated Committee, Joir	nt Fundraising I	Representativ	ve, or Leadership PAC Spons
REC						
		1 228 S WASHIN	GTON ST			
Ma	ailing Address					
						2024.4
_	lationchin		CITY 🔺		STATE 🔺	ZIP CODE
		Organization	Affiliated Committee	X Joint Fundrais	sing Represent	tative Leadership PAC Sp
Designa	Connected		Affiliated Committee		sing Represent	tative Leadership PAC Sp
Designa Full	Connected ted Agent: Identify Name		-		sing Represent	tative Leadership PAC Sp
Designa Full	Connected		-		sing Represent	tative Leadership PAC Sp
Designa Full	Connected ted Agent: Identify Name		-		sing Represent	tative Leadership PAC Sp
Designa Full Maili	Connected ted Agent: Identify Name	by name, addres	s (phone number – opti			
Designa Full Maili	Connected ted Agent: Identify Name	by name, addres	-			tative Leadership PAC Sp

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

i(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	С
2.			FEC ID number	C
3.			FEC ID number	С
4.			FEC ID number	C
S. Name	of Any Connected O	rganization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Sponsor
RIC	KETTS SHEEHY V			
	Nailing Address	228 S WASHINGTON ST		
N	hailing Address	STE 115		
				22314
F	Relationship:	CITY A	STATE A	ZIP CODE 🔺
	Connected 0	Organization Affiliated Committee X Join	t Fundraising Represent	ative Leadership PAC Sponsor
-	a ted Agent: Identify b	by name, address (phone number - optional)		
Ma	iling Address			
				-
ті	TLE OR POSITION V	CITY A	STATE A	
			elephone Number	- -
Banks safety	or Other Depositorie deposit boxes or main	es: List all banks or other depositories in which tains funds.	the committee deposit	s funds, holds accounts, rents
Name	of Bank,			
Deposi	tory, etc.			
	Mailing Address			
				-

STATE 🔺

ZIP CODE

		Participant:							
1. 🗔				FEC	ID number	С			
2.				FEC	ID number	С			
3.				FEC	ID number	С			
4.				FEC	ID number	С			
Name of	Any Connected C	Organization, Affil	liated Committee, Joint	t Fundraising F	Representativ	e, or Lea	dership F	PAC Spor	nso
		COMMITTEE							1
									1
N4-:1	in a Aslahasa	228 S WASHING	GTON ST						
Mail	ing Address	STE 115							
						223			
					STATE 🔺		ZIP C		
		Organization	CITY A Affiliated Committee	X Joint Fundrais		tative	Leaders	hip PAC S	Spor
	Connected		Affiliated Committee				Leaders		Spor
Designate Full N	Connected		Affiliated Committee				Leaders		Spon
Designate Full N	Connected		Affiliated Committee				Leaders		Spon
Designate Full N	Connected		Affiliated Committee				Leaders		6pon
Designate Full N Mailin	Connected	by name, address	Affiliated Committee				Leaders	hip PAC S	6pon
Designate Full N Mailin	Connected	by name, address	Affiliated Committee		sing Represent			hip PAC S	\$pon

L

(g) or (h).	Joint Fundraising	Participant:					
1.					FEC ID	number	C
2.					FEC ID	number	С
3.					FEC ID	number	C
4.					FEC ID	number	С
News		Ownerstern Aff		int Frankrik	in a Dan		a an Laadarahin DAO Oranaan
	XALT VICTORY FU	-	liated Committee, Jo	oint Fundrais	ing Rep	resentative	e, or Leadership PAC Sponsor
r	Mailing Address	50 S JONES BL	.VD #201				
		LAS VEGAS				NV	89107
I	Relationship:		CITY 🔺			STATE A	ZIP CODE
	Connected	Organization	Affiliated Committee	🗙 Joint Fu	ndraising	Representa	ative
Desigr	nated Agent: Identify	by name, address	s (phone number – oj	ptional)			
	nated Agent: Identify	by name, addres	s (phone number - o	ptional)			
Fu		by name, address	s (phone number - o	ptional)			
Fu	II Name	by name, address	s (phone number - o	ptional)			
Fu	II Name	by name, address	s (phone number – o	ptional)			
Fu	III Name		s (phone number – o	ptional)			<pre></pre>
Fu	II Name						
Fu	III Name						I = I = I = I = I = I = I = I = I = I =
Fu Ma T Banks	ailing Address				hone Nu	umber	I = I = I = I = I = I = I = I = I = I =
Fu Ma T L Banks safety	ailing Address				hone Nu	umber	
Fu Ma T Banks safety Name	ailing Address				hone Nu	umber	
Fu Ma T Banks safety Name Depos	II Name		, , , , , , , , , , , , , , , ,		hone Nu	umber	
Fu Ma T Banks safety Name Depos	II Name		, , , , , , , , , , , , , , , ,		hone Nu	umber	
Fu Ma T Banks safety Name Depos	II Name		, , , , , , , , , , , , , , , ,		hone Nu	umber	

L

5(g) or (h).	Joint Fundraising	g Participant:			
1.			FEC I	D number	С
2.			FEC I	D number	С
3.			FEC I	D number	С
4.			FEC I	D number	С
S. Name	e of Any Connected (Organization, Affiliated Committee, Joint Fund	Iraising Re	presentativ	e, or Leadership PAC Sponsor
	JLLIVAN VICTORY				
	Mailing Address	901 N WASHINGTON ST, SUITE 700			
	-				
				VA	22314
	Relationship:			STATE A	ZIP CODE
	Connected	Organization Affiliated Committee X Join	nt Fundraisin	ig Representa	ative Leadership PAC Sponso
B. Desig	gnated Agent: Identify	by name, address (phone number - optional)			
-	ull Name	by name, address (phone number – optional)			
F		by name, address (phone number - optional)			
F	ull Name	by name, address (phone number - optional)			
F	ull Name	by name, address (phone number - optional)			
F	ull Name				
F	ull Name				
F	ull Name				
F M 	ull Name			Number	
F M - - - - - - - - - - - - - - - - - -	ull Name failing Address TITLE OR POSITION			Number	
F M - - - - - - - - - - - - - - - - - -	ull Name		the comm	Number	
F M - - - - - - - - - - - - - - - - - -	ull Name		the comm	Number	s funds, holds accounts, rents
F M - - - - - - - - - - - - - - - - - -	Aailing Address		the comm	Number	s funds, holds accounts, rents
F M - - - - - - - - - - - - - - - - - -	Aailing Address		the comm	Number	s funds, holds accounts, rents

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

ZIP CODE

STATE 🔺

(0) (). Joint Fundraising	Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6. Na	me of Any Connected C	organization, Affiliated Committee, Joint Fundrai	ising Representative	e, or Leadership PAC Sponsor
L				
L				
	Mailing Address	C/O RED CURVE SOLUTIONS		
		138 CONANT STREET, 2ND FLOOR		
			MA	01915
	Relationship:	CITY A	STATE A	
	Connected	Organization Affiliated Committee X Joint F	Fundraising Representa	ative Leadership PAC Sponsor
8. De	signated Agent: Identify	by name, address (phone number – optional)		
8. De	signated Agent: Identify	by name, address (phone number – optional)		
8. De		by name, address (phone number – optional)		
8. De	Full Name	by name, address (phone number - optional)		
8. De	Full Name	by name, address (phone number - optional)		
—. 8. De	Full Name			
8. De	Full Name		□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	
8. De	Full Name			
9. Ba	Full Name Mailing Address	CITY ▲ CITY ▲ Tele Es: List all banks or other depositories in which th	ephone Number	
9. Ba saf	Full Name Mailing Address	CITY ▲ CITY ▲ Tele Es: List all banks or other depositories in which th	ephone Number	
9. Ba saf Na	Full Name Mailing Address	CITY ▲ CITY ▲ Tele Tele Tele Tele	ephone Number	s funds, holds accounts, rents
9. Ba saf Na	Full Name Mailing Address	CITY ▲ CITY ▲ Tele Es: List all banks or other depositories in which the that ins funds.	ephone Number	s funds, holds accounts, rents

	ng Participant:		
1		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
Name of Any Connected	Organization, Affiliated Committee, Joint Fund	draising Representativ	e, or Leadership PAC Sponsor
Mailing Address	228 S. WASHINGTON STREET		
	SUITE 115		
			22314
Relationship:		└──└──┘ └──┘ STATE ▲	
_			
	d Organization Affiliated Committee X Joir y by name, address (phone number – optional)	nt Fundraising Represent	ative Leadership PAC Spons
		nt Fundraising Represent	
Designated Agent: Identi		nt Fundraising Represent	Leadership PAC Spons
Designated Agent: Identi		nt Fundraising Represent	Leadership PAC Spons
Designated Agent: Identi		nt Fundraising Represent	Leadership PAC Spons
Designated Agent: Identi Full Name Mailing Address	y by name, address (phone number – optional)	nt Fundraising Represent	
Designated Agent: Identi	y by name, address (phone number – optional)		

or(h).	•	Participant:					
1. 🗌				FEC	D number	С	
2.				FEC	D number	С	
з. 🗌				FEC	D number	С	
4.				FEC	D number	C	
Name o	f Any Connected O)rganization. Affil	iated Committee. Joint	Fundraising Re	epresentative	e, or Leadership PAC Spon	sor
		-				· · ·	<u> </u>
Ma	ailing Address	228 S WASHING	TON STREET SUITE 115				
					VA	22314	
Re	elationship:		CITY 🔺		STATE 🔺	ZIP CODE	
	ted Agent: Identify	by name, address	(phone number – optior	nal)			
Mail	ing Address						
	0						
	C .						
							<u> </u>
тіт	LE OR POSITION						
тп			1	Telephone			
Banks o	LE OR POSITION	es: List all banks			Number	ZIP CODE A	
Banks of safety de	LE OR POSITION	es: List all banks			Number		 ts
Banks of safety de Name of Deposito	LE OR POSITION	es: List all banks			Number		 ts
Banks of safety de Name of Deposito	LE OR POSITION	es: List all banks			Number		 ts
Banks of safety de Name of Deposito	LE OR POSITION	es: List all banks			Number		 ts

1.			FEC	ID number	С			
2.			FEC	ID number	С			
3.			FEC	ID number	С			
4.			FEC	ID number	С			
ame of Any Connected C	Organization, Affil	liated Committee, Joint	Fundraising F	Representativ	e, or Le	adershi	p PAC	Spons
THUNE VICTORY CO								
	PO BOX 9891							
Mailing Address								
	I ARLINGTON			VA	22	219		
Relationship: Connected esignated Agent: Identify	Organization		 Joint Fundrais nal) 	STATE ▲	ative		P CODI	
Connected	Organization	Affiliated Committee			ative			
Connected esignated Agent: Identify	Organization	Affiliated Committee			ative			
Connected esignated Agent: Identify Full Name	Organization	Affiliated Committee			ative			
Connected esignated Agent: Identify Full Name	Organization	Affiliated Committee			ative			
Connected esignated Agent: Identify Full Name	Organization	Affiliated Committee			ative	Lead		PAC Spo
Connected esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION	Organization	Affiliated Committee		sing Represent	ative	Lead	ership F	PAC Spo

1.		FEC ID number	С	
2.		FEC ID number	С	
3.		FEC ID number	С	
4.		FEC ID number	С	
lame of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraising Representat	ve, or Lead	lership PAC Spo
	TEXAS			
	228 S WASHINGTON STREET SUITE 115			· · · · · · · ·
Mailing Address				
			2231	4
	CITY A Organization Affiliated Committee X J by name, address (phone number – optional)	STATE A		ZIP CODE ▲
Connected	Organization Affiliated Committee X J	pint Fundraising Represe		
Connected esignated Agent: Identify	Organization Affiliated Committee X J	pint Fundraising Represe		
Connected	Organization Affiliated Committee X J	pint Fundraising Represe		
Connected	Organization Affiliated Committee X J	pint Fundraising Represe		
Connected	Organization Affiliated Committee X J	pint Fundraising Represe		
Connected	Organization Affiliated Committee X J	Dint Fundraising Represe		Leadership PAC 5

1.						
·		FEC ID) number	С		
2.		FEC ID) number	С		
3.		FEC ID) number	С		
4.) number	С		
Name of Any Connected	Organization, Affiliated Committee, Join	t Fundraising Rer	oresentative	, or Leader	ship PAC S	ponsor
	′ FUND					
Mailing Address	228 S. WASHINGTON ST.					<u> </u>
	STE. 115					
			VA	22314		
Relationship:			STATE		ZIP CODE	
Connecter	I Organization	× Joint Fundraising	1 Representa	tive	eadership PA	C Snons
Full Name						<u> </u>
Mailing Address						
	1					
TITLE OR POSITION						
I		Telephone N		z		

I

5(g) or (h).	Joint Fundraising	Participant:		
1.	. [FEC ID number	C
2	2		FEC ID number	C
3	3.		FEC ID number	C
4			FEC ID number	С
6. Nam	e of Any Connected C	Drganization, Affiliated Committee, Joint Fundra	ising Representative,	or Leadership PAC Sponsor
D	AINES VICTORY 20	20		
	Mailing Address	228 S. WASHINGTON ST.		
		STE. 115		
				22314
	Relationship:		STATE A	ZIP CODE A
	Connected	Organization Affiliated Committee X Joint	Fundraising Representat	ive Leadership PAC Sponsor
8. Desig	gnated Agent: Identify	by name, address (phone number – optional)		
	gnated Agent: Identify	by name, address (phone number – optional)		
F		by name, address (phone number - optional)		
F	Full Name	by name, address (phone number - optional)		
F	Full Name	by name, address (phone number - optional)		
F	Full Name			
F	Full Name			
F	Full Name			
9. Bank	Full Name		ephone Number	
9. Bank	Full Name		ephone Number	
9. Bank safet Name	Full Name		ephone Number	
9. Bank safet Name	Full Name	CITY ▲	ephone Number	
9. Bank safet Name	Full Name	CITY ▲	ephone Number	
9. Bank safet Name	Full Name	CITY ▲	ephone Number	

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

1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
Name of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Sponsor
COTTON VICTORY			
Mailing Address	901 N WASHINGTON STREET		
	SUITE 700		
			22314
Relationship:	CITY A	STATE A	ZIP CODE
Connected	d Organization	Fundraising Represent	ative Leadership PAC Spons
Designated Agent: Identify	v by name, address (phone number - optional)		
Designated Agent: Identify	v by name, address (phone number – optional)		
	/ by name, address (phone number – optional)		
Full Name	/ by name, address (phone number - optional)		
Full Name	v by name, address (phone number – optional)		
Full Name			
Full Name		I I I I I I I I I I I I I I I I I I I	<pre></pre>

CITY

STATE **A**

ZIP CODE

g) or (h).	Joint Fundraising	g Participant:		
1.			FEC ID number	С
2.			FEC ID number	С
3.			FEC ID number	C
4.			FEC ID number	C
	-	Organization, Affiliated Committee, Joint Fundrais	sing Representativ	e, or Leadership PAC Sponsor
CO		EE 		
r	Mailing Address	PO BOX 2969		
	-			
		FARMINGTON HILLS		48333
F	Relationship:		STATE	
	Connected	Organization Affiliated Committee X Joint Fu	Indraising Represent	ative Leadership PAC Sponsor
Desiar	nated Agent: Identify	by name, address (phone number - optional)		
	nated Agent: Identify	by name, address (phone number – optional)		
Fu		by name, address (phone number - optional)		
Fu	II Name	by name, address (phone number - optional)		
Fu	II Name	by name, address (phone number - optional)		
Fu	ill Name			<pre></pre>
Fu	II Name		 STATE ▲	<pre></pre>
Fu	ill Name			· · · · · · · · · · · · · · · · · · ·
Fu Ma T Banks	II Name		bhone Number	
Fu Ma T Banks safety	II Name		bhone Number	
Fu Ma T Banks safety Name	II Name		bhone Number	
Fu Ma T Banks safety Name Deposi	II Name		bhone Number	
Fu Ma T Banks safety Name Deposi	II Name		bhone Number	
Fu Ma T Banks safety Name Deposi	II Name		bhone Number	

L

5(g) or	(h). Joint Fundraising	J Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	С
	3.		FEC ID number	С
	4.		FEC ID number	С
6. I	Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
				,
	Mailing Address			
		138 CONANT STREET, SECOND FLOOR		
		BEVERLY		01915
	Relationship:		STATE	
	Connected	Organization Affiliated Committee X Joint F	Fundraising Represent	ative Leadership PAC Sponsor
8. C	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
	TITLE OR POSITION		STATE A	ZIP CODE
		Tele	ephone Number	
s	safety deposit boxes or mai			s funds, holds accounts, rents
C	Depository, etc.			
	Mailing Address			
I.		CITY A	STATE 🔺	ZIP CODE

1							
2.			FEC ID	number	С		
				number	С		
3.				number	С		
4.				number	С		
Name of Any Connected	Organization, Affilia	ated Committee, Joint F	undraising Rep	resentative	e, or Leade	ership PAC \$	Sponsor
		JITY 					
Mailing Address	1405 ASHLEY RIV	/ER ROAD					
	CHARLESTON		1	SC	29407		
Relationship:		CITY A		STATE		ZIP CODE	
Connected	Organization	Affiliated Committee	Joint Fundraising	Representa	ative	_eadership P/	AC Sponse
Full Name							
Mailing Address							
TITLE OR POSITION	▼	CITY A	ç	STATE 🔺		ZIP CODE	
1			Telephone Nu	umber			

	g Participant:			
1.		FEC ID nu	umber C	
2.		j FEC ID ກເ	umber C	
3.		J FEC ID nu	umber C	
4.		J FEC ID nu	umber C	
	Organization, Affiliated Committee, Joint Fu	ndraising Repres	entative, or	Leadership PAC Sponsor
	MMITTEE			
Mailing Address	228 S. WASHINGTON ST			
Ű	SUITE 115			
			VA	22314
Relationship:		L	L	
	Organization Affiliated Committee X J	oint Fundraising Re		Leadership PAC Spons
Full Name				
Full Name				
	CITY A		- + - + - + - + - + - + - + - + - + - +	
Mailing Address	CITY A			· · · · · · · · · · · · · · · · · · ·

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

Participant:		
	FEC ID number	С
	FEC ID number	С
	FEC ID number	С
	FEC ID number	C
regnization Affiliated Committee Joint Fun	draining Donrocontati	re or Londorphin DAC Sponsor
-	araising nepresentation	e, of Leadership FAC Sponsor
228 S WASHINGTON STREET #115		
	STATE	
Organization	nt Fundraising Represen	tative Leadership PAC Sponsor
by name, address (phone number – optional)		
L		
L	└ · · · · · · · · · · · · · · · · · · ·	
	L I I I I I I I I I I I I I I I I I I I	
es: List all banks or other depositories in which	Telephone Number	
	Telephone Number	
es: List all banks or other depositories in which	Telephone Number	
es: List all banks or other depositories in which	Telephone Number	
es: List all banks or other depositories in which	Telephone Number	
	Y COMMITTEE	FEC ID number FEC ID number FEC ID number FEC ID number Prganization, Affiliated Committee, Joint Fundraising Representation Y COMMITTEE 228 S WASHINGTON STREET #115 228 S WASHINGTON STREET #115 ALEXANDRIA CITY A STATE A Organization Affiliated Committee

CITY

STATE **A**

ZIP CODE

5(g) or (h)	Joint Fundraising	Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	С
	4.		FEC ID number	С
		Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
Ľ				
L				
	Mailing Address	228 S. WASHINGTON STREET		
		SUITE 115		
				22314
	Relationship:		STATE	ZIP CODE A
			Fundraising Represent	ative Leadership PAC Sponso
B. Des	signated Agent: Identify	by name, address (phone number – optional)		
	Full Name			
	Mailing Address			
	TITLE OR POSITION			
			STATE A	
safe Nar			ephone Number	
safe Nar	nks or Other Depositorie ety deposit boxes or main me of Bank,		ephone Number	
safe Nar	hks or Other Depositori ety deposit boxes or mair me of Bank, pository, etc.		ephone Number	
safe Nar	hks or Other Depositoriety deposit boxes or main the of Bank, pository, etc.		ephone Number	

	-	Participant:				
1.				FEC	ID number	C
2.				FEC	ID number	С
3.				FEC	ID number	C
4.				FEC	ID number	C
Name	of Any Connected O)rganization, Affil	iated Committee, Joint	Fundraising F	Representativ	e, or Leadership PAC Spons
		-				
١	Mailing Address	228 S WASHING	STON STREET SUITE 115			
					VA	22314
F	Relationship:		CITY A		STATE 🔺	ZIP CODE
		nv name address	(phone number – optio	nal)		
-		by name, address	(phone number – optio	nal)		
Fu	Il Name			nal)		
Fu	II Name	by name, address		nal)		
Fu	II Name			nal)		
Fu Ma	ill Name		CITY ▲	nal)		<pre></pre>
Fu Ma	III Name			nal)		· · · · · · · · · · · · · · · · · · ·
Fu Ma TI Banks safety Name	ITLE OR POSITION	es: List all banks		Telephone	Number	Image: Image of the second
Fu Ma TI Banks safety Name Deposi	II Name	es: List all banks		Telephone	Number	
Fu Ma TI Banks safety Name Deposi	ITLE OR POSITION	es: List all banks		Telephone	Number	
Fu Ma TI Banks safety Name Deposi	II Name	es: List all banks		Telephone	Number	
Fu Ma TI Banks safety Name Deposi	II Name	es: List all banks		Telephone	Number	

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

1		Participant:								
1. [FEC	ID number	С			
2.					FEC	ID number	С			
3.					FEC	ID number	С			
4.					FEC	ID number	С			
Name	of Any Connected (Organization, Affili	ated Committee	, Joint Fur	ndraising R	epresentativ	e, or Lea	dership	PAC S	ponsor
MCC										
N	lailing Address	228 S. WASHING	STON ST.							
	-	STE. 115								
					1		223	314	_	
R	elationship:					STATE A		ZIP	CODE	
				_			- E	1		
			Affiliated Committe		bint Fundraisi	ng Represent	ative	Leader	ship PA	C Sponso
-	ated Agent: Identify				bint Fundraisi	ng Represent		Leader	ship PA	C Sponse
Full	ated Agent: Identify					ng Represent			ship PA	
Full	ated Agent: Identify				bint Fundraisi	ng Represent			ship PA	C Sponso
Full	ated Agent: Identify					ng Represent		Leader	ship PA	.C Sponso
Full	ated Agent: Identify		(phone number							
Full Mai	ated Agent: Identify	by name, address				ng Represent			<pre>ship PA</pre>	

CITY

STATE **A**

ZIP CODE

L

g) or (h). Joint	Fundraising Participant:				
1.				0 number	С
2.				0 number	С
3.) number	C
4.				0 number	С
Name of Any 0	Sennested Organization	filiated Committee Joint E	undraising Dar	recontativ	e, or Leadership PAC Sponsor
-	/ICTORY FUND		indiaising hep	nesentativo	e, or Leadership FAC Sponsor
Mailing Ad	Idress PO BOX 183				
				WI	54016
Relationsh	iip:	CITY A		STATE 🔺	ZIP CODE
	ent: Identify by name, addre	ess (phone number – optiona	l)		
Full Name					
Mailing Add	ress				
TITLE OR	POSITION V	CITY A	:	STATE 🔺	ZIP CODE
			Telephone N	umber	
Banks or Othe safety deposit b Name of Bank, Depository, etc. Mailing A	oxes or maintains funds.	<s depositories="" in="" or="" other="" td="" w<=""><td><pre>ich the commit</pre></td><td>tee deposit</td><td>s funds, holds accounts, rents</td></s>	<pre>ich the commit</pre>	tee deposit	s funds, holds accounts, rents
			I		

L

5(g) or (h). Join	t Fundraising	Participant:							
1.					FEC II	D number	С		
2.					FEC II	D number	С		
3.					FEC II	D number	С		
4.					FEC II	D number	С		
-		Organization, Affili	ated Committee,	, Joint Fund	raising Re	presentative	e, or Leade	ership PAC S	ponsor
	MEETING P								
Mailing A	Address	228 S. WASHING							
		SUITE 115							
						VA	22314		
Relations	ship:		CITY 🔺			STATE A		ZIP CODE	
8. Designated A		Organization	Affiliated Committe		t Fundraisin	g Representa	ative	Leadership PA	C Sponsor
Full Name				optionaly					
Mailing Ad	ldress								
TITLE OF	R POSITION	•	CITY A			STATE ▲		ZIP CODE	
				Te	elephone N	lumber			
9. Banks or Oth									
safety deposit Name of Bank Depository, etc	boxes or mair	es: List all banks of the second seco	or other deposito	ries in which	the commi	ittee deposit	s funds, ho	Ids accounts,	rents
safety deposit Name of Bank Depository, etc	boxes or mair	es: List all banks of the second seco	or other deposito	ries in which	the commi	ittee deposit	s funds, ho	Ids accounts,	rents

1.						
·		FEC ID) number	С		
2.		FEC ID) number	С		
3.		FEC ID) number	С		
4.) number	С		
Name of Any Connected	Organization, Affiliated Committee, Join	t Fundraising Rer	oresentative	, or Leader	ship PAC S	ponsor
	′ FUND					
Mailing Address	228 S. WASHINGTON ST.					<u> </u>
	STE. 115					
			VA	22314		
Relationship:			STATE		ZIP CODE	
Connecter	I Organization	× Joint Fundraising	1 Representa	tive	eadership PA	C Snons
Full Name						<u> </u>
Mailing Address						
	1					
TITLE OR POSITION						
I		Telephone N		z		

1															_
1. 🗌 👘							FE	CIDr	number	С	;				
2.							FE	CIDr	number	С	;				
3.							FE	CIDr	number	С	;				
4.							FE	CIDr	number	С	;				
4.															
Name of Any (Connected C	organization,	Affiliate	d Commi	ittee, Jo	oint Fun	draising	Repre	esentativ	ve, o	r Lea	derst	nip P	AC S	pons
Mailing A	ddress	PO BOX 19	90 												
]]		1		
		NEWPORT	•					1	KY		410)72		 	
Relationsl	nip:			CITY	▲								.IF ()		
Relations	Connected	Organization	_	CITY A	imittee	_	nt Fundra			ntative				ip PA	
	Connected	-	_	liated Com	imittee	_				ntative					
Designated Ag	Connected	-	_	liated Com	imittee	_				ntative					
Designated Ag Full Name	Connected	-	_	liated Com	imittee	_				ntative					
Designated Ag Full Name	Connected	-	_	liated Com	imittee	_				ntative					
Designated Ag Full Name Mailing Add	Connected ent: Identify ress	by name, add	_	liated Com	imittee	_	nt Fundra	aising F	Represen			Lea	dersh		C Sp
Designated Ag Full Name Mailing Add	Connected ent: Identify ress POSITION	by name, add	dress (pr	hone num	imittee	ptional)	nt Fundra	aising F	Represen			Lea	dersh		C Sp

1.														
						FEC	ID nu	umber	С	_			_	_
2.						FEC	D nu	umber	С				_	
3.						FEC	ID nu	umber	С					
4.						FEC	ID nu	umber	С					
Name of An	y Connected	Organization, A	Affiliated Co	ommittee, J	oint Fund	Iraising I	Repres	entativ	e, or	Leade	ership	PAC	Spo	ons
		I PO BOX 989	1											
Mailing	J Address													
		ARLINGTON						VA	L	22219				
Relatio	Connected	Organization by name, addr	Affiliated	ITY ▲ Committee number – c		nt Fundrai:		Present	ative		ZIP Leade	COD rship		Sp
	Connected	-	Affiliated	Committee		nt Fundrai			ative					Sp
Designated <i>i</i>	Agent: Identify	-	Affiliated	Committee		nt Fundrais			ative					Sp
Designated A	Agent: Identify	-	Affiliated	Committee		nt Fundrais			ative					Sp
Designated A	Agent: Identify	-	Affiliated	Committee					ative					Sp
Designated A Full Nam Mailing A	Connected Agent: Identify ne	by name, addr	Affiliated	Committee		nt Fundrais	sing Re		ative			rship		Sp
Designated A Full Nam Mailing A	Agent: Identify	by name, addr	Affiliated		optional)	nt Fundrai	sing Re	present	ative		_eade	rship		

1. 💷						FEC	ID number	С				
2.						FEC	ID number	С				
3.						FEC	ID number	С				
4.						FEC	ID number	С				
4.									_			_
Name of A	Any Connected (Drganization, A	filiated Co	ommittee, J	oint Fund	raising F	epresentativ	ve, or L	eaders	ship P	AC Sp	oonso
TEAM	JONI											
Mail	ing Address	PO BOX 9344	11 									
		DES MOINES	3					5	50393		-	
							07475				ODE 4	•
	tionship: Connected d Agent: Identify	Organization by name, addre	Affiliated	I Committee		t Fundrais	STATE ▲		- E		ip PAC	
	Connected		Affiliated	I Committee		t Fundrais			- E			
Designate Full Na	Connected		Affiliated	I Committee		t Fundrais			- E			
Designate Full Na	Connected		Affiliated	I Committee		t Fundrais			- E			
Designate Full Na	Connected		Affiliated	I Committee		t Fundrais			- E			
Designate Full Na Mailing	Connected	by name, addre	Affiliated	I Committee		t Fundrais						
Designate Full Na Mailing	Connected	by name, addre	Affiliated	I Committee	optional)		ing Represen			adersh		

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

ZIP CODE

(g) or (h).	Joint Fundraising	Participar	it:															
1.									FI	EC ID	numb	ber	С					
2.									FI	EC ID	numt	ber	С					
3.									FI	EC ID	numb	ber	С					
4.								_	FI	EC ID	numb	ber	С					
. Name	of Any Connected C	Organizatio	n, Affilia	ted Co	ommit	tee, Jo	oint F	undr	aising	g Rep	resent	ative	, or L	.eader	ship	PAC	Spor	າsor
DAI	NES SENATE MA	JORITY F	UND	1 1 1			I		1 1	1 1	1 1	I	1 1	1 1	1 1	1 1	I	1 1
N	lailing Address	228 S. W		TON S	Г. 													
		STE. 115	;															
			DRIA				I					`		22314	1 1	-	I	
R	elationship:	· · · · ·		C		<u> </u>					STAT	E 🔺			ZIP	CODI	E 🔺	
. Design	ated Agent: Identify	_		(phone			_		Fund	raising	Repre	sentat	tive		eaders	ship F	AC S	pons
Full	Name																	
Mai	ling Address																	
						1 1	1	1 1			1 1	1		1 1	1 1	1 1		
										1	1							
																1-1		
										c	TATE			-				
TI	TLE OR POSITION	•		CI	ſY ▲					S	TATE			Z	IP C	DDE		
TI L					「Y ▲			Te	elephc	s ne Nu				z 				
			_ _ _		「Y ▲ 			Te	elepho				I	z 				<u> </u>
Banks	TLE OR POSITION	es: List all				sitories	s in w			ne Nu	mber		fund] – [nts
Banks safety c	or Other Depositorie	es: List all				sitories	; in w			ne Nu	mber		fund] – [ıts
Banks safety o	or Other Depositorie	es: List all						hich	the c	ne Nu	mber ee de	posits] – [s, hold	ds acc			1 1ts
Banks safety o Name o Deposit	or Other Depositori deposit boxes or mair	es: List all						hich	the c	one Nu	mber ee de	posits] – [s, hold	ds acc			115
Banks safety o Name o Deposit	or Other Depositorie deposit boxes or mair of Bank, ory, etc.	es: List all						hich	the c	one Nu	mber ee de	posits] – [s, hold	ds acc			

STATE 🔺

	ndraising Participant:					
1.			FEC ID nu	mber C		_
2.			FEC ID nu	mber C		
3.			FEC ID nu	mber C		
4.			FEC ID nur	nber C		
Name of Any Con	nocted Organization A	ffiliated Committee, Joint Fu	Indraising Boprose	ntativo or Lo	adarshin BAC Spor	neor
-						
Mailing Addre	228 S WASH	NGTON STREET SUITE 115				
		\ 		VA 22	2314	
Relationship:		CITY 🔺	STA		ZIP CODE 🔺	
Full Name		ess (phone number - optiona)			
Mailing Address	s					
TITLE OR POS				⊥		
		I	Telephone Numbe		–	
Banks or Other De	epositories: List all ban	I	Telephone Numbe	er 🛄 🖂	-	⊥ ⊥⊥ ⊥ ⊥⊥ nts
Banks or Other De safety deposit boxes Name of Bank,			Telephone Numbe	er 🛄 🖂	-	nts
Banks or Other Desafety deposit boxes Name of Bank, Depository, etc.	epositories: List all ban s or maintains funds.		Telephone Numbe	er 🛄 🖂	-	
Banks or Other De safety deposit boxes Name of Bank,	epositories: List all ban s or maintains funds.		Telephone Numbe	er 🛄 🖂	-	
Banks or Other Desafety deposit boxes Name of Bank, Depository, etc.	epositories: List all ban s or maintains funds.		Telephone Numbe	er 🛄 🖂	-	
Banks or Other Desafety deposit boxes Name of Bank, Depository, etc.	epositories: List all ban s or maintains funds.		Telephone Numbe	er	-	

1.			FEC II	D number	С		
2.				D number	С		
3.			FEC II	D number	С		
4.			FEC II	D number	С		
lame of Any Conne	cted Organization, Af	filiated Committee, Joint	Fundraising Rep	oresentative	e, or Lead	dership F	AC Spons
BLACKBURN VI	CTORY FUND						
Mailing Address	PO BOX 3241						
	BRENTWOOD		1		3702	24	_ , ,
Relationship:		CITY A		STATE 🔺		ZIP C	ODE 🔺
Con	hected Organization		Joint Fundraising		ative		ODE ▲
Con		Affiliated Committee			ative		
Con		Affiliated Committee			ative		
Pesignated Agent: Ic		Affiliated Committee			ative		
Pesignated Agent: Ic		Affiliated Committee			ative		
Esignated Agent: Ic Full Name	lentify by name, addres	Affiliated Committee	nal)		ative		nip PAC Spo
Pesignated Agent: Ic	lentify by name, addres	Affiliated Committee	nal)	g Representa	ative	Leaderst	nip PAC Spo

1.			FEC I	D number	С			
2.			FEC I	D number	С			
3.			FEC I	D number	С			
4.			FEC I	D number	С			
-	-	liated Committee, Joint	Fundraising Re	presentativo	e, or Lea	dership	PAC S	ponso
Mailing Address	PO BOX 13026							
	1							1 1
				NC	787	711	_	
	AUSTIN							
Relationship:				STATE A		ZIP	CODE	
Conn	ected Organization	-	Joint Fundraisir al)		ative		CODE	
Conn	ected Organization	Affiliated Committee			ative			
Conn	ected Organization	Affiliated Committee			ative			
Conn	ected Organization	Affiliated Committee			ative			
Conn	ected Organization	Affiliated Committee			ative			
Conn	ected Organization	Affiliated Committee			ative	Leade		
Conn	ected Organization	Affiliated Committee		ng Representa	ative	Leade	rship PA(

L

5(g) or	(h). Joint Fundraisir	ng Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	С
	3.		FEC ID number	С
	4.		FEC ID number	С
-				
6. N		Organization, Affiliated Committee, Joint Fundra LICAN NOMINEE VICTORY FUND	ising Representative	e, or Leadership PAC Sponsor
	Mailing Address	P.O. BOX 9891		
				22219
	Relationship:		STATE ▲	ZIP CODE 🔺
	Connecte	d Organization	Fundraising Representa	tive Leadership PAC Sponsor
8. D	Designated Agent: Identify	y by name, address (phone number – optional)		
8. D	Designated Agent: Identify Full Name	y by name, address (phone number - optional)		
8. D		y by name, address (phone number - optional)		
8. D	Full Name	y by name, address (phone number - optional)		
8. 🛛	Full Name	y by name, address (phone number - optional)		
8. D	Full Name		└ · · · · · · · · · · · · · · · · · · ·	
8. D	Full Name		L I I I I I I I I I I I I I I I I I I I	
8. D	Full Name			
9. E	Full Name Mailing Address TITLE OR POSITION		ephone Number	
9. E	Full Name		ephone Number	
9. E s	Full Name Mailing Address TITLE OR POSITION	CITY A CITY Tel cries: List all banks or other depositories in which t aintains funds.	ephone Number	s funds, holds accounts, rents
9. E s	Full Name	CITY A CITY Tel cries: List all banks or other depositories in which t aintains funds.	ephone Number	s funds, holds accounts, rents
9. E s	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor Gane of Bank, Depository, etc.	CITY A CITY Tel cries: List all banks or other depositories in which t aintains funds.	ephone Number	s funds, holds accounts, rents
9. E s	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor Ganks of Bank, Depository, etc.	CITY A CITY Tel cries: List all banks or other depositories in which t aintains funds.	ephone Number	s funds, holds accounts, rents

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

	0	Participant:		
1. 🗌			FEC ID number	С
2.			FEC ID number	С
з. 🗌			FEC ID number	С
4.			FEC ID number	С
Name o	of Any Connected C	organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
TEA				
		1 228 S. WASHINGTON STREET		
М	ailing Address			
		SUITE 115		
Re	elationship:	CITY 🔺	STATE 🔺	ZIP CODE
	Connected	Organization Affiliated Committee X Joint	Fundraising Representa	ative Leadership PAC Spons
Dociona	ted Agent: Identify	by name, address (nhone number - optional)		
-		by name, address (phone number – optional)		
Full	Name	by name, address (phone number – optional)		
Full		by name, address (phone number – optional)		
Full	Name	by name, address (phone number - optional)		
Full	Name	by name, address (phone number – optional)		
Full Mail	Name			
Full Mail	Name		I I I I I I I I I I I I I I I I I I I	

STATE **A**

ZIP CODE

L

(g) or (h).	Joint Fundraising	Participant:				
1				J FEC I	D number	С
2				J FEC I	D number	С
3	B			J FEC I	D number	C
4				J FEC I	D number	С
	e of Any Connected (ANKS VICTORY FU		Committee, Joint Fu	ndraising Re	presentative	e, or Leadership PAC Sponsor
	Mailing Address	PO BOX 30844				
		BETHESDA		1		
	Relationship:				STATE A	
	Connected	Organization Affilia	ated Committee	oint Fundraisir	ng Representa	ative
	gnated Agent: Identify Full Name	by name, address (pho	one number – optional))		
F	Full Name	by name, address (pho	one number – optional)			
F		by name, address (pho	one number – optional)			
F	Full Name	by name, address (pho	one number – optional)			
F	Full Name					<pre></pre>
F	Full Name		one number – optional)			
F	Full Name) 		
F M L Safet	Full Name		CITY▲		Number	
F M L Safet Nam	Full Name		CITY▲		Number	
F M L Safet Nam	Full Name		CITY▲		Number	
F M L Safet Nam	Full Name		CITY▲		Number	
F M L Safet Nam	Full Name		CITY▲		Number	

1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
-	I Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
	-UND		
Mailing Address	228 S. WASHINGTON ST.		
	STE. 115		
			22314
Delationahia			
Relationship:	CITY 🔺	STATE 🔺	ZIP CODE A
	ed Organization Affiliated Committee X Joint	Fundraising Representa	ative Leadership PAC Spons
		Fundraising Represent	ative Leadership PAC Spons
Designated Agent: Identi		Fundraising Representa	ative Leadership PAC Spons
Designated Agent: Identi		Fundraising Representa	ative Leadership PAC Spons
Designated Agent: Identi		Fundraising Representa	ative Leadership PAC Spons
Designated Agent: Identi	fy by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC Spons
Designated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)		

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

	ng Participant:		
1		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representativ	e, or Leadership PAC Sponsor
NRSC TARGETED			
Mailing Address	228 S. WASHINGTON STREET		
-	SUITE 115		
			22314
Relationship:		STATE A	
Connect	ad Organization	Fundraising Represent	ative Leadership PAC Spons
	ed Organization Affiliated Committee X Joint fy by name, address (phone number – optional)	Fundraising Represent	ative Leadership PAC Spons
		Fundraising Represent	ative Leadership PAC Spons
Designated Agent: Identi		Fundraising Represent	ative Leadership PAC Spons
Designated Agent: Identi		Fundraising Represent	ative Leadership PAC Spons
Designated Agent: Identi		Fundraising Represent	Leadership PAC Spons
Designated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)	Fundraising Represent	ative Leadership PAC Spons
Designated Agent: Identi	fy by name, address (phone number – optional)		

CITY

STATE **A**

ZIP CODE

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

zation, Affiliated Committee, Joint Fund	FEC ID number FEC ID number FEC ID number FEC ID number	C C C C e, or Leadership PAC Sponsor
	FEC ID number FEC ID number	C C
	FEC ID number	C
	Iraising Representative	e, or Leadership PAC Sponsor
	Iraising Representative	e, or Leadership PAC Sponsor
ITTEE		
S WASHINGTON ST		
E 115		
EXANDRIA		22314
	STATE ▲	
		ative Leadership PAC Spons
, , , , , , , , , , , , , , , , , , ,	Colonhono Number	
1	me, address (phone number – optional)	E 115 EXANDRIA CITY A STATE A ization Affiliated Committee X Joint Fundraising Representa me, address (phone number – optional)

CITY

STATE **A**

ZIP CODE

1.							
			FEC	ID number	С		
2.			FEC	ID number	С		
3.			FEC	ID number	С		
4.			FEC	ID number	С		
Name of Any Con	nected Organization,	Affiliated Committee, Joint	Fundraising R	epresentativ	e, or Lead	ership PA	AC Spons
<u> </u>	PO BOX 253	276					
Mailing Addre	ss						
	HOUSTON				7726	5	-
				STATE 🔺		ZIP CC	DDE 🔺
	onnected Organization	CITY A Affiliated Committee ress (phone number – option	 Joint Fundrais nal) 		ative	Leadershi	
C	-	Affiliated Committee				Leadershi	
Designated Agent:	Identify by name, add	Affiliated Committee			ative	Leadershi	
Designated Agent:	Identify by name, add	Affiliated Committee				Leadershi	
Designated Agent:	Identify by name, add	Affiliated Committee				Leadershi	
Designated Agent: Full Name	Identify by name, add	Affiliated Committee				Leadershi	p PAC Sp
Designated Agent:	Identify by name, add	Affiliated Committee		ing Represent			p PAC Sp

L

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		
Name o	of Any Connected (Organization, A	ffiliated Committee	ə, Joint Fundra	ising Repr	esentative	, or Leade	ership PAC	Sponsor
Μ	lailing Address	228 S WASHI		JITE 115					
		ALEXANDRIA	X		1	VA	22314		
R	elationship:		CITY 🔺						DE 🔺
	Connected	Organization	Affiliated Commit	tee 🗙 Joint f	undraising	Representa	tive	eadership	PAC Sponso
Full	Name								
	<u> </u>	<u> </u>		<u> </u>					
	Name								
	<u> </u>								
Mai	ling Address				· · · · · · · · · · · · · · · · · · ·				
Mai	<u> </u>	· · · · · · · ·							
Mai	ling Address	<pre></pre>		Tele	L			– – ZIP CODE	
Mai TIT Banks	ling Address	ies: List all banl			ephone Nu	mber			
Mai TIT Banks	Iing Address	ies: List all banl			ephone Nu	mber			
Mai TIT Banks safety d Name o Deposite	Iing Address	ies: List all banl			ephone Nu	mber			
Mai TIT Banks safety d Name o Deposite	Iing Address	ies: List all banl			ephone Nu	mber			
Mai TIT Banks safety d Name c Deposite	Iing Address	ies: List all banl			ephone Nu	mber			

1.		g Participant:						
				FE	C ID number	С		
2.				FE	C ID number	С		
3.				FE	C ID number	С		
4.				FE	C ID number	С		
Name o	of Any Connected (Organization A	ffiliated Committee, Join	nt Fundraising	Benresentativ	e or Leader	shin PAC Spor	sor
		-						
М	ailing Address	101 W ARGO	NNE DR					
		#24						1 1
		SAINT LOUIS	; ;		MO	63122		
R	elationship:				STATE ▲			
	Connected	Organization	Affiliated Committee		aising Representa		eadership PAC S	none
	Name							
Mai	ing Address							
тіт	LE OR POSITION	· · · · · · · · · · · · · · · · · · ·			STATE ▲		□	

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

g) or (h).	Joint Fundraising	Participant:								
1. [FEC ID r	umber	С			
2.					FEC ID r	umber	С			
3.					FEC ID r	umber	С			
4. [FEC ID r	umber	С			
	of Any Connected C		ated Committee, J	oint Fundra	aising Repre	sentative	e, or Leade	rship P	AC Sp	onsor
N	lailing Address	3275 NORTH FO	RT APACHE ROAD							
IV	laining Address	150								
						I NV I	89129			
-	alationahin						09129			
н	elationship:	_	CITY A	_	5			ZIP C	ODE 🔺	•
	Connected	Organization	Affiliated Committee	× Joint	Fundraising F	lepresenta	ative L	.eadersh	nip PAC	Sponso
	ated Agent: Identify Name									
Mai	ling Address									
					OT					
TI	TLE OR POSITION	•	CITY A		ST	ATE 🔺		ZIP CO	DE 🔺	
	TLE OR POSITION	▼		Te	ST. Iephone Num	1			DE ▲	
тт 	ILE OR POSITION			Те		1			DE ▲	
				-	lephone Num	ıber] – [
Banks	TLE OR POSITION	es: List all banks o		-	lephone Num	ıber] – [rents
Banks safety o	or Other Depositori deposit boxes or main of Bank,	es: List all banks o		-	lephone Num	ıber] – [ents
Banks safety o	or Other Depositori deposit boxes or main	es: List all banks o		-	lephone Num	ıber] – [ents
Banks safety o Name o Deposit	or Other Depositori deposit boxes or main of Bank,	es: List all banks o		-	lephone Num	ıber] – [
Banks safety o Name o Deposit	or Other Depositori deposit boxes or main of Bank, ory, etc.	es: List all banks o		-	lephone Num	ıber] – [

CITY

STATE **A**

ZIP CODE

1. 🗋				FE	C ID number	С			
2.				FE	C ID number	С			
3.				FE	C ID number	С			
4.				FE	C ID number	С			
Name o	f Any Connected C	Organization, Affili	iated Committee, Join	t Fundraising	Representativ	e, or Lea	dership I	PAC Spor	nso
SEN		CTORY 2024							I
Ma	ailing Address								
		BIRMINGHAM				352	23		
					07177		ZIP C		
			CITY A Affiliated Committee		STATE ▲ aising Represent	ative		hip PAC S	Бро
Designa	Connected		Affiliated Committee			ative			
Designa Full	Connected		Affiliated Committee			ative			
Designa Full	Connected ted Agent: Identify Name		Affiliated Committee			ative			noqô
Designa Full	Connected ted Agent: Identify Name		Affiliated Committee			ative			βpor
Designa Full Maili	Connected ted Agent: Identify Name	by name, address	Affiliated Committee			ative		hip PAC S	l
Designa Full Mail	Connected ted Agent: Identify Name	by name, address	Affiliated Committee	onal)	aising Represent	ative	Leaders	hip PAC S	Spor

L

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
	lama of Amy Composided	Organization Affiliated Committee Joint Fundrai	eine Denvecentetiv	an Loodorshin DAC Spanner
6. N		Organization, Affiliated Committee, Joint Fundrai ADERSHIP COUNCIL COMMITTEE	sing representative	e, or Leadership PAC Sponsor
	Mailing Address	421 OFFICE PARK DR		
		MOUNTAIN BROOK		35223
	Relationship:		STATE ▲	
	Connected	Organization	undraising Representa	ative Leadership PAC Sponsor
8. D	esignated Agent. Identify	by name, address (phone number – optional)		
0. D	congride a Agent. Identity			
0. D	Full Name			
0. D				
0.	Full Name			
0.	Full Name			
تر .	Full Name			<pre></pre>
ر .	Full Name			· · · · · · · · · · · · · · · · · · ·
u	Full Name			· · · · · · · · · · · · · · · · · · ·
9. B	Full Name		phone Number	
9. B Sa	Full Name Mailing Address TITLE OR POSITION Ganks or Other Depositor afety deposit boxes or ma		phone Number	
9. B Sa N	Full Name		e committee deposit	
9. B Sa N	Full Name		e committee deposit	
9. B Sa N	Full Name Mailing Address TITLE OR POSITION Ganks or Other Depositor afety deposit boxes or ma lame of Bank, pepository, etc.		e committee deposit	
9. B Sa N	Full Name Mailing Address TITLE OR POSITION Ganks or Other Depositor afety deposit boxes or ma lame of Bank, pepository, etc.		e committee deposit	

1.				0 number	С			
2.				0 number	С			
3.				0 number	С			
4.			J FEC II	0 number	С			
lame of Any Connected	Organization, Affiliated	d Committee, Joint Fu	Indraising Rej	oresentative	e, or Lea	dership	PAC S	ponso
Mailing Address	PO BOX 23537							
-								
				PA	152	222		
	I PITTSBURGH							
Relationship:				STATE 🔺		ZIP	CODE	A
Relationship: Connected	Organization		loint Fundraisin	STATE A	ative		CODE	
Connected	Organization	ated Committee			ative			
Connected	Organization	ated Committee			ative			
Connected	Organization	ated Committee			ative			
Connected	Organization	ated Committee			ative			
Connected	Organization Affili	ated Committee			ative	Leade		
Connected	Organization Affili	ated Committee		g Representa	ative	Leade	rship PA	

1		F	EC ID number	С	
2.		F	EC ID number	С	
3.		F	EC ID number	С	
4.		F	EC ID number	С	
Name of Any Connected (Organization, Affiliated Committee	, Joint Fundraisi	ng Representative	e, or Leaders	hip PAC Spons
	1 901 N WASHINGTON ST, STE 700)			
Mailing Address					
			<u> </u>		
	ALEXANDRIA			22314	
					ZIP CODE 🔺
	CITY A Organization Affiliated Committe by name, address (phone number	_	STATE ▲ draising Representa	ative Lea	adership PAC Spo
Connected	Organization Affiliated Committee	_		ative Lea	adership PAC Spo
Connected Designated Agent: Identify	Organization Affiliated Committee	_		ative Lea	adership PAC Spo
Connected Designated Agent: Identify Full Name	Organization Affiliated Committee	_		ative Lea	adership PAC Spo
Connected Designated Agent: Identify Full Name	Organization Affiliated Committee	_		ative Lea	adership PAC Spo
Connected Connec	Organization Affiliated Committee	_			adership PAC Spo
Connected Connec	Organization Affiliated Committee	- optional)	draising Representa		

1.			FEC ID nu	umber	С			_
2.			FEC ID nu	umber	С			
3.			FEC ID nu	umber	С			
4.			FEC ID nu	umber	С			
Name of Any Connected	Organization, Affiliated Com	nmittee, Joint Fund	raising Repres	sentative	, or Lead	dership I	PAC Sp	onso
BLACKBURN CRUZ								
	1 421 OFFICE PARK DR							
Mailing Address								
	MOUNTAIN BROOK			AL	352	23		
	Organization Affiliated C		S ⁻ t Fundraising Re	TATE	tive	ZIP (hip PAC	
Connected	Organization Affiliated C	committee X Join			tive			
Connected Designated Agent: Identify	Organization Affiliated C	committee X Join						
Connected Designated Agent: Identify Full Name	Organization Affiliated C	committee X Join						
Connected Designated Agent: Identify Full Name	Organization Affiliated C	committee X Join						
Connected Designated Agent: Identify Full Name Mailing Address	Organization Affiliated C	Committee X Join umber - optional)	t Fundraising Re				hip PAC	
Connected Designated Agent: Identify Full Name Mailing Address	Organization Affiliated C	committee X Join umber - optional)	t Fundraising Re	epresenta		Leaders	hip PAC	

1.					FEC ID number	С			
2.					FEC ID number	С			
3.					FEC ID number	С			
4.					FEC ID number	С			
Name of	Any Connected C	Organization, Af	filiated Committee,	Joint Fundrai	sing Representati	ve, or Le	adership	PAC Spon	nso
DEAT									
Mai	ling Address	C/O RED CUR	VE SOLUTIONS						
IVIAI	ing Address	138 CONANT	STREET SUITE 401						
							1015		
							1915		
			CITY 🔺		STATE A		ZIP	CODE 🔺	
		Organization	Affiliated Committee		undraising Represer	ntative	Leaders	ship PAC S	spor
	Connected ed Agent: Identify		Affiliated Committee		undraising Represer	ntative	Leaders	ship PAC S	Spor
Designate Full N	Connected ed Agent: Identify		Affiliated Committee		undraising Represer	ntative	Leaders	ship PAC S	
Designate Full N	Connected ed Agent: Identify lame		Affiliated Committee		undraising Represer	ntative	Leaders	ship PAC S	Spor
Designate Full N	Connected ed Agent: Identify lame		Affiliated Committee		undraising Represer		Leaders	ship PAC S	Spon
Designate Full N Mailin	Connected ed Agent: Identify lame	by name, addres	Affiliated Committee		undraising Represer		Leaders		Spon
Designate Full N Mailin	Connected ed Agent: Identify lame	by name, addres	Affiliated Committee	optional)					\$pon

L

5(g) or (h).	Joint Fundraising	Participant:	_	
1.			FEC ID number	C
2.			FEC ID number	C
3.			FEC ID number	C
4.			FEC ID number	C
6. Name	e of Any Connected O	rganization, Affiliated Committee, Joint Fundrais	sing Representative,	or Leadership PAC Sponsor
FIS	SCHER VICTORY FL	JND		
	Mailing Address	228 S. WASHINGTON STREET		
		SUITE 115		
				22314
	Relationship:		STATE A	ZIP CODE
		by name, address (phone number – optional)		
Fu	ull Name	by name, address (phone number - optional)		
Fu		by name, address (phone number - optional)		
Fu	ull Name	by name, address (phone number - optional)		
Fu	ull Name			
Fu	ull Name			
Fu M 9. Banks safety Name	ull Name		bhone Number	
Fu M 9. Banks safety Name	ull Name lailing Address	CITY A CITY A Telep Es: List all banks or other depositories in which the tains funds.	ohone Number	

or (h). Joint Fundraisi	ng Participant:							_
1.				FEC ID r	number	С		
2.				FEC ID r	number	С		
3.				FEC ID r	umber	С		
4.				FEC ID r	umber	С		
Name of Any Connected	J Organization, A	Affiliated Committee	, Joint Fundra	ising Repre	sentative	, or Leader	ship PAC S	ponsor
Mailing Address								1 1
-	SUITE 206							
					MD I	21401		
Relationship:				 5				
	ed Organization	Affiliated Committ	V	Fundraising F		. п.	eadership PA	
Full Name								
Mailing Address								
TITLE OR POSITION				51	ATE 🔺	2	ZIP CODE	
	••	-	Tele					
1		-	Tele	ephone Nun				
Banks or Other Deposit	ories: List all ban			ephone Nun	iber	– [
	ories: List all ban			ephone Nun	iber	– [
Banks or Other Deposit	ories: List all ban			ephone Nun	iber	– [
Banks or Other Deposite safety deposit boxes or m Name of Bank,	ories: List all ban			ephone Nun	iber	– [
Banks or Other Deposite safety deposit boxes or m Name of Bank, Depository, etc.	ories: List all ban			ephone Nun	iber	– [
Banks or Other Deposite safety deposit boxes or m Name of Bank, Depository, etc.	ories: List all ban			ephone Nun	iber	– [

1.		FEC	ID number	С		
2.		FEC	ID number	С		
3.		FEC	ID number	С		
4.		FEC	ID number	С		
Name of Any Connecte	ed Organization, Affiliated Committee, Join	t Fundraising Re	presentativo	e, or Leade	rship PAC S	ponsor
MIKE ROGERS VI						
Mailing Address	PO BOX 132					1 1 1
	ST. JOSEPH		MI	49085		
Relationship:			L⊥L STATE ▲			
. totationenip:						
	tify by name, address (phone number – option	X Joint Fundraisi	ng Representa	ative L	eadership PA.	C Spon
			ng Representa	ative L	_eadership PA	C Spon:
Designated Agent: Iden			ng Representa	ative L	_eadership PA	C Spon:
Designated Agent: Iden			ng Representa	ative L	_eadership PA	
Designated Agent: Iden			ng Representa		_eadership PA	
Designated Agent: Iden Full Name	tify by name, address (phone number – optio		ng Representa		eadership PA	
Designated Agent: Iden	tify by name, address (phone number – optio					

1.																
							FEC	ID n	umber	С	;	_	_		_	
2.							FEC	ID n	umber	С	;					
3.							FEC	ID n	umber	С	;					
4.							FEC	ID n	umber	С	;					
Name of	Any Connected	Organization,	Affiliated	Committe	e, Joint F	undrai	sing R	lepre	sentativ	ve, o	r Lea	ders	hip F	PAC	Spor	าร
NELL	A VICTORY FU	ND						I		I			I			I
							1 1	1					1		1	1
		P.O. BOX 90	0574													
Mai	ling Address															
		ALBUQUER	QUE						NM		871	199				
												-				
	ationship: Connected ed Agent: Identify	Organization by name, add	_	CITY A			undrais		CATE				ZIP C	ODE		Sp.
	Connected	-	_	ted Commi			undrais				•					Sp•
Designate Full N	Connected	-	_	ted Commi			undrais									
Designate Full N	Connected	-	_	ted Commi			undrais									
Designate Full N	Connected	-	_	ted Commi			undrais				•					
Designate Full N Mailin	Connected	by name, add	lress (phor	ted Commi			undrais	ing R				Lea			AC S	
Designate Full N Mailin	Connected	by name, add	lress (phor	ne number		al)	undrais	ST	Apresen			Lea			AC S	

5(g) or (h).	Joint Fundraising	Participant:				
1. [FE0	C ID number	С	
2.			FEG	C ID number	С	
3.			FEC	C ID number	C	
4.			FEC	C ID number	С	
6. Name	of Any Connected C	rganization, Affiliated Committee, Join	t Fundraising	Representative	e, or Leadership PAC Spo	nsor
N	lailing Address	228 S WASHINGTON ST				
		STE 115				
				VA	22314	
R	Relationship:	CITY 🔺		STATE A	ZIP CODE 🔺	
	Connected	Organization Affiliated Committee	× Joint Fundra	ising Representa	ative Leadership PAC S	Sponsor
8. Design						
-		by name, address (phone number – optio				
Full	ated Agent: Identify					
Full	ated Agent: Identify		_			
Full	ated Agent: Identify		_			
Full	ated Agent: Identify	by name, address (phone number – optio	_	 STATE ▲		
Full	ated Agent: Identify	by name, address (phone number – optio	onal)			
Full Mai TI 9. Banks	ated Agent: Identify	by name, address (phone number – option	onal)	STATE		
Full Mai 9. Banks safety o Name o	ated Agent: Identify I Name	by name, address (phone number – option		STATE		

1. 🗌 🖂						FEC	ID numbe	er C)				_
2.						FEC	ID numbe	er C					
3.						FEC	ID numbe	er C					
4.						FEC	ID numbe	er C					
Name of Any	Connected O	rganization, Af	filiated Com	mittee, Jo	int Fundr	aising R	epresenta	tive, o	or Lea	dershi	ip PA	C Sp	ons
TEAM MO	RENO							1 1		1 1	1 1	1 1	I
													I
			707										
Mailing A	ddress	P.O. BOX 340											
		COLUMBUS					OH		432	234	-	-	
Relations	Connected (CITY Affiliated Co ss (phone nu	ommittee	_	Fundrais	STATE		e		P CO lership		
[Connected (Drganization	Affiliated Co	ommittee	_	Fundrais			e				
Designated Ag	Connected Connec	Drganization	Affiliated Co	ommittee	_	Fundrais			e				
Designated Ag	Connected Connec	Drganization	Affiliated Co	ommittee	_	Fundrais			e				
Designated Ag	Connected Connec	Drganization	Affiliated Co	ommittee	_	Fundraisi			e				
Designated Ag Full Name Mailing Add	Connected (Drganization	Affiliated Co	ommittee mber – op	_	Fundrais			e	Lead		• PAC	
Designated Ag Full Name Mailing Add	Connected Connec	Drganization Dry name, addres	Affiliated Co	ommittee mber – op	otional)	Fundrais	ng Represe		e	Lead		• PAC	