**FEC** 

Only

## STATEMENT OF **ORGANIZATION**

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FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Kean for Congress Inc PO Box 999 ADDRESS (number and street) (Check if address is changed) Edison 08818 NJ CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address ron@rongravino.com is changed) Optional Second E-Mail Address amberle.gilroy@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2019 C00703058 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Gravino, Ronald,, Date 02 14 2025 Signature of Treasurer Gravino, Ronald, , , NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

EC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) X This committee is a principal campaign committee. (Complete the candidate information below.)	
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	e candidate
Name of Candidate Kean, Thomas, H., , Jr.	
Candidate Party Affiliation REP Office Sought: X House Senate President	State NJ  District 07
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the Republican,	•
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connecte	d organization is a:
Corporation Corporation w/o Capital Stock Labor O	rganization
Membership Organization Trade Association Coopera	tive
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	d fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PA	AC).
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 o committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, none of which is an authorized committee of a federal candidate.	r more political
Committees Participating in Joint Fundraiser	
1	

	FEC Form 1	(Revised 02/2009)	Page 3
٧	/rite or Type Commi	nittee Name	
	Kean for C	Congress Inc	
6.	Name of Any Cor	onnected Organization, Affiliated Committee, Joint Fundraising Representative, or Leade	rship PAC Sponsor
	Kean Victory	y Fund	
	Mailing Address	PO Box 999	
		Edison NJ 08818	3       -
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship:	Connected Organization Affiliated Organization X Joint Fundraising Representative	Leadership PAC Spons
7.	Custodian of Records books and records	cords: Identify by name, address (phone number optional) and position of the person in possests.	ssion of committee
		Gravino, Ronald, , ,	
	Full Name		
	Mailing Address	PO Box 999	
		Edison NJ 08818	3
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼	•	
	Treasurer	Telephone number 732 –	248   -   4178
8.		ne name and address (phone number optional) of the treasurer of the committee; and the agent (e.g., assistant treasurer).	name and address of
	Full Name	Gravino, Ronald, , ,	
	of Treasurer		
	Mailing Address	PO Box 999	
		Edison NJ 08818	3
	Title or Desiries	CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	248   -   4178

FEC Form 1	(Revised 02/2009)		Page <b>4</b>
Full Name of Designated Agent	Gilroy, Amberle, , ,		
Mailing Address	PO Box 999		
	Edison	NJ 0881	8
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
Asst. Treasurer		ne number 732 -	248 - 4178
Banks or Other safety deposit bo	<b>Depositories:</b> List all banks or other depositories in which the cases or maintains funds.	ommittee deposits funds, ho	lds accounts, rents
Name of Bank, D	epository, etc.		
	TD Bank		
Mailing Address	1398 Highway 9		
	Old Bridge	NJ 08857	, 
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.		
	Wells Fargo Bank		
Mailing Address	8302 Woodmont Ave		
	Bethesda	MD 20814	
	CITY ▲	STATE ▲	ZIP CODE ▲

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1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
-	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spon
Kean for NJ-07			
Mailing Address	PO Box 30844		
	Bethesda	MD	20824
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
esignated Agent: Identif	y by name, address (phone number – optional)		
esignated Agent: Identif	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	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposited deposit boxes or mainly deposited boxes or mainly deposited boxes.	CITY A	Telephone Number	
Full Name  Mailing Address  TITLE OR POSITION  Lanks or Other Deposite afety deposit boxes or mail and the proposition of Bank, depository, etc.	CITY ▲  ries: List all banks or other depositories in which aintains funds.  City Bank	Telephone Number	

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h). <b>Joint Fundraisi</b>	•			
1.		FEC ID nur	nber C	
2.		FEC ID nur	mber C	
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4.		FEC ID nur	mber C	
ame of Any Connected	d Organization, Affiliated Committee, Joint	Fundraising Represe	ntative, o	r Leadership PAC Spon
Bluegrass Freedom	Committee			
Mailing Address	824 S. Milledge Ave			
	Suite 101			
	Athens		GA	30605
Relationship:	CITY ▲	STA	ATE 🛦	ZIP CODE ▲
	fy by name, address (phone number – optic	✓ Joint Fundraising Representation  National  Natio	oresentative	Leadership PAC Sp
			resentative	Leadership PAC Sp
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esignated Agent: Identi			presentative	Leadership PAC Sp
esignated Agent: Identi			presentative	Leadership PAC Sp
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esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optic	nal)		
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or m	fy by name, address (phone number – optic	stat	E A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optic	nal)  STAT  Telephone Number  which the committee of	E A	ZIP CODE A

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h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
PROTECT THE HO	I Organization, Affiliated Committee, Joint Fun JSE 2024	draising Representative	e, or Leadership PAC Spons
Mailing Address	PO Box 30844		
	Bethesda	MD	20824
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte		int Fundraising Represent	ative Leadership PAC Sp
Connecte	ed Organization Affiliated Committee X Jo	int Fundraising Represent	ative Leadership PAC Sp
Connecte esignated Agent: Identi	ed Organization Affiliated Committee X Jo	int Fundraising Represent	ative Leadership PAC Sp
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esignated Agent: Identi	ed Organization Affiliated Committee X Jo	int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi	Affiliated Committee X Jo  fy by name, address (phone number – optional)	int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi  Full Name  Mailing Address	Affiliated Committee X Jo  fy by name, address (phone number – optional)  CITY		
esignated Agent: Identi Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or market.	Affiliated Committee X Jo  fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	Affiliated Committee X Jo  fy by name, address (phone number – optional)  CITY   CITY   Dries: List all banks or other depositories in which aintains funds.  Bridge Bank	STATE A Telephone Number	ZIP CODE A

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h). <b>Joint Fundrais</b> i			
1.		FEC ID numb	er C
2.		FEC ID numb	er C
3.		FEC ID numb	er C
4.		FEC ID numb	er C
Congress NJ	I Organization, Affiliated Committee, Joint	Fundraising Represent	ative, or Leadership PAC Spon
Mailing Address	PO Box 999		
	Edison	NJ	08818
Relationship:	CITY ▲	STATI	ZIP CODE ▲
	Affiliated Committee  Affiliated Committee  fy by name, address (phone number – option	Joint Fundraising Repre	sentative Leadership PAC S
			sentative Leadership PAC S
esignated Agent: Ident			sentative Leadership PAC S
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esignated Agent: Ident	fy by name, address (phone number – option		
esignated Agent: Ident Full Name Mailing Address	fy by name, address (phone number – option	nal)	
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or necessity.	fy by name, address (phone number – option  CITY   CITY   pries: List all banks or other depositories in	STATE Telephone Number	ZIP CODE A
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	fy by name, address (phone number – option  CITY   CITY   Ories: List all banks or other depositories in aintains funds.  Fargo  8302 Woodmont Ave	STATE Telephone Number	ZIP CODE   Dosits funds, holds accounts, ren
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	fy by name, address (phone number – option  CITY   CITY   pries: List all banks or other depositories in aintains funds.	STATE Telephone Number	ZIP CODE   Dosits funds, holds accounts, ren

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		FEC ID	number	С
ted Organization At	filiated Committee Joint	Fundraising Renr	esentative	or Leadership PAC Spon
V 2024				
PO BOX 999				
EDISON	1 1 1 1 1 1 1 1		NJ	08818
	CITY A		STATE A	ZIP CODE ▲
	CITY A		TATE A	ZIP CODE A
	PO BOX 999  EDISON  ected Organization	PO BOX 999  EDISON  CITY A  ected Organization Affiliated Committee	ted Organization, Affiliated Committee, Joint Fundraising Repr V 2024  PO BOX 999  EDISON  CITY	PO BOX 999  EDISON  CITY ▲ STATE ▲  ected Organization Affiliated Committee X Joint Fundraising Representation

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(h). <b>Joint Fundraisi</b>	ng 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	d Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spons
CROW THE WAGG			
Mailing Address	228 S WASHINGTON ST STE 115		
	ALEXANDRIA	VA VA	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecto		nt Fundraising Representa	ative Leadership PAC Spo
Connecto	ed Organization Affiliated Committee X Joi	nt Fundraising Representa	Leadership PAC Spo
Connecte  Connecte  Connecte  Connecte  Connecte	ed Organization Affiliated Committee X Joi	nt Fundraising Representa	Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name	ed Organization Affiliated Committee X Joi	nt Fundraising Representa	Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name	ed Organization Affiliated Committee X Joi	nt Fundraising Representa	Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name	Affiliated Committee X Joint J	nt Fundraising Representa	Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name  Mailing Address	Affiliated Committee X Joint J		
Connecte  Designated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite tafety deposit boxes or many part of the connected to the connected teacher of the conn	Affiliated Committee X Joint J	STATE A Telephone Number	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address  TITLE OR POSITION Sanks or Other Depositional Part of Bank, Depository, etc.	Affiliated Committee X Joint J	STATE A Telephone Number	ZIP CODE A

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		FEC ID numbe	er C
		FEC ID numbe	er C
nected Organization, A DRITY BUILDERS	Affiliated Committee, Joint	Fundraising Representa	tive, or Leadership PAC Spons
ss 824 S. MILLE	EDGE AVE. STE. 101		
ATHENS		GA L	30605
	CITY ▲	STATE	▲ ZIP CODE ▲
SITION ▼	CITY A	STATE A	ZIP CODE ▲
	PRITY BUILDERS  824 S. MILLE ATHENS  Innected Organization  Identify by name, addr	BRITY BUILDERS  824 S. MILLEDGE AVE. STE. 101  ATHENS  CITY   connected Organization Affiliated Committee	FEC ID number  nected Organization, Affiliated Committee, Joint Fundraising Representation  ORITY BUILDERS  824 S. MILLEDGE AVE. STE. 101  ATHENS  CITY A STATE  Connected Organization Affiliated Committee X Joint Fundraising Representation  Identify by name, address (phone number – optional)

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I	ng Participant:		
1		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
SCALISE LEADERSH	Organization, Affiliated Committee, Joint I HIP FUND 2024	Fundraising Representative	e, or Leadership PAC Spons
Mailing Address	320 1ST ST SE		
	WASHINGTON	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Full Name	<u> </u>		
Mailing Address			
	CITY A	STATE A	ZIP CODE A
TITLE OR POSITION	CITY ▲	1	ZIP CODE A
		Telephone Number	
Banks or Other Deposito	ries: List all banks or other depositories in v	Telephone Number	
Banks or Other Deposito safety deposit boxes or ma	pries: List all banks or other depositories in valuations funds.	Telephone Number	s funds, holds accounts, rents
Banks or Other Deposito safety deposit boxes or ma	pries: List all banks or other depositories in vaintains funds.	Telephone Number	s funds, holds accounts, rents
Banks or Other Deposito safety deposit boxes or management of Bank, Depository, etc.	pries: List all banks or other depositories in vaintains funds.	Telephone Number	s funds, holds accounts, rents

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(h). <b>Joint Fundraisi</b>	ng Participant:		
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4.		FEC ID number	С
lame of Any Connected	l Organization, Affiliated Committee, Joint Fund	draising Representative	e or Leadership PAC Spons
AMERICAN BATTLE			,
Mailing Address	PO BOX 30844		
	BETHESDA	MD	20824
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte		nt Fundraising Representa	ative Leadership PAC Sp
Connecte	ed Organization Affiliated Committee X Joi	nt Fundraising Representa	Leadership PAC Spo
Connected Agent: Identification	ed Organization Affiliated Committee X Joi	nt Fundraising Representa	Leadership PAC Spo
Connecte  resignated Agent: Identi  Full Name	ed Organization Affiliated Committee X Joi	nt Fundraising Representa	Leadership PAC Spo
Connecte  resignated Agent: Identi  Full Name	ed Organization Affiliated Committee X Joi	nt Fundraising Representa	Leadership PAC Spo
Connecte  resignated Agent: Identi  Full Name	Affiliated Committee X Joint J	nt Fundraising Representa	Leadership PAC Spo
Connecte  resignated Agent: Identi  Full Name  Mailing Address	Affiliated Committee X Joint J		
Connecte  resignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	Affiliated Committee X Joint J	STATE A Telephone Number	ZIP CODE A
Connected Resignated Agent: Identification of Position	Affiliated Committee X Joint J	STATE A Telephone Number	ZIP CODE A

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1		g Participant:				
				FEC IC	number	С
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3.				FEC IC	number	С
4.				   FEC II	) number	C
	-		liated Committee, Joint	Fundraising Rep	oresentative	e, or Leadership PAC Spon
TRAN	NSPORTATION	TRUST FUND				
Ма	ailing Address	502 6TH STREI	<b>≣T</b>			
		HUDSON		1	WI	54016
Re	lationship:		CITY A		STATE A	ZIP CODE ▲
Full I	Name					
Mailii	ng Address					
TITI	LE OR POSITION	<b>-</b>	CITY A		STATE A	ZIP CODE A

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S OF PFLUG		ed Committee, Joint	FEC FEC	ID number ID number ID number ID number ID number	C C C , or Leadership PAC Spor
S OF PFLUG	PO BOX 30844	ed Committee, Joint	FEC FEC	ID number	C
S OF PFLUG	PO BOX 30844	ed Committee, Joint	FEC	ID number	C
S OF PFLUG	PO BOX 30844	ed Committee, Joint			
S OF PFLUG	PO BOX 30844	ed Committee, Joint	Fundraising Re	epresentative	, or Leadership PAC Spor
S OF PFLUG	PO BOX 30844	ed Committee, Joint	Fundraising Re	epresentative	, or Leadership PAC Spor
Address	PO BOX 30844				
	BETHESDA				
	BETHESDA				
	DETTILOUR			ı MD ı	, 20824
alaina.		OTTY			
ship:	_	CITY ▲		STATE ▲	ZIP CODE ▲
dress					
R POSITION T	,	CITY A		STATE ▲	ZIP CODE ▲
			Telephone	Number	
	gent: Identify but the second of the second	gent: Identify by name, address (publication)  dress  R POSITION	gent: Identify by name, address (phone number – optic dress  CITY   CITY   er Depositories: List all banks or other depositories in	gent: Identify by name, address (phone number – optional)  dress  CITY ▲  Telephone  Telephone  er Depositories: List all banks or other depositories in which the comm	gent: Identify by name, address (phone number – optional)  dress  CITY ▲ STATE ▲  Telephone Number  er Depositories: List all banks or other depositories in which the committee deposits

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	sing Participant:					
1.			FEC ID	number	С	
2.			FEC ID	number	С	
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			_ 			
ame of Any Connect	ed Organization, Affilia	ated Committee, Joint	Fundraising Repr	esentative	e, or Leadership PAC S	pons
TAKE BACK THE	HOUSE 2022			1 1 1		1 1
<u> </u>						
	20 20 4 20 4 4					
Mailing Address	PO BOX 30844					
				MD	20824	
	BETHESDA					
	cted Organization A	CITY   Affiliated Committee   (phone number – option	Joint Fundraising	STATE ▲ Representa	ZIP CODE	
Conne	cted Organization A	Affiliated Committee X	Joint Fundraising			
Conne	cted Organization A	Affiliated Committee X	Joint Fundraising			
Conne esignated Agent: Ide Full Name	cted Organization A	Affiliated Committee X	Joint Fundraising			
Conne esignated Agent: Ide Full Name	cted Organization A	Affiliated Committee X	Joint Fundraising			
esignated Agent: Ide Full Name Mailing Address	cted Organization  Antify by name, address (	Affiliated Committee X	Joint Fundraising			C Sp
Conne esignated Agent: Ide Full Name	cted Organization  Antify by name, address (	Affiliated Committee	Joint Fundraising	Representa	Leadership PA	C Sp

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			FEC II	number	C
			FEC II	number	C
			   FEC II	) number	С
-	_		Fundraising Rep	presentative	, or Leadership PAC Spons
ng Address	P.O. BOX 2811				
	LAKELAND			FL	33806
ionship:		CITY A		STATE A	ZIP CODE ▲
me					
Address					
		CITY A		STATE A	ZIP CODE A
	FRANKLIN W  Ing Address  Connected	P.O. BOX 2811  LAKELAND  ionship:  Connected Organization	P.O. BOX 2811  LAKELAND  LONGING Connected Organization  Affiliated Committee	ry Connected Organization, Affiliated Committee, Joint Fundraising Registration Processing Address  P.O. BOX 2811  LAKELAND  LAKELAND  CITY	ry Connected Organization, Affiliated Committee, Joint Fundraising Representative FRANKLIN WINGMAN FUND  P.O. BOX 2811  LAKELAND  LAKELAND  Connected Organization  Affiliated Committee  Joint Fundraising Representative  STATE

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	ng Participant:		
1		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
Name of Any Connected	d Organization, Affiliated Committee, Joint Fu	indraising Representative	e, or Leadership PAC Spons
STRONGEST AME	RICA JFC		
Mailing Address	824 S MILLEDGE AVE STE 101		
Maining / Radioso			
	ATHENS	ı GA ı	30605
Relationship:			ZIP CODE ▲
neiationship.	CITY ▲	STATE ▲	ZIP CODE A
Connect  Designated Agent: Ident	ed Organization Affiliated Committee X	Joint Fundraising Represent	
Designated Agent: Ident			ative Leadership PAC Spo
Designated Agent: Ident			
Designated Agent: Ident			
Designated Agent: Ident	ify by name, address (phone number – optional		
Designated Agent: Ident	ify by name, address (phone number – optional		ZIP CODE A
Pesignated Agent: Ident  Full Name   Mailing Address  TITLE OR POSITION	ify by name, address (phone number – optional		
Pesignated Agent: Ident  Full Name   Mailing Address  TITLE OR POSITION	ify by name, address (phone number – optional	STATE A	
Pesignated Agent: Ident Full Name Mailing Address  TITLE OR POSITION	ify by name, address (phone number – optional limits)  CITY   Ories: List all banks or other depositories in whose the state of the sta	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Ident  Full Name	ify by name, address (phone number – optional limits)  CITY   Ories: List all banks or other depositories in whose the state of the sta	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Ident Full Name Mailing Address  TITLE OR POSITION	ories: List all banks or other depositories in what intains funds.	STATE A  Telephone Number	ZIP CODE A
Pesignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite tafety deposit boxes or not be safety deposit.	ories: List all banks or other depositories in what intains funds.	STATE A  Telephone Number	ZIP CODE A
Pesignated Agent: Identification of Bank, Depository, etc.	ify by name, address (phone number – optional CITY A  CITY A  ories: List all banks or other depositories in whaintains funds.	STATE A  Telephone Number  iich the committee deposit	ZIP CODE A
Pesignated Agent: Identification of Bank, Depository, etc.	ify by name, address (phone number – optional CITY A  CITY A  ories: List all banks or other depositories in whaintains funds.	STATE A  Telephone Number  iich the committee deposit	ZIP CODE A

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h). <b>Joint Fundraisi</b>	ng Farticipant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	l Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
DEI END GOIX MAG			
Mailing Address	320 FIRST ST SE		
	WASHINGTON	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecto	ed Organization Affiliated Committee X Joint fy by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC Sp
Connecte		t Fundraising Representa	Leadership PAC Sp
Connecte esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
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esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)	st Fundraising Representation	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)  CITY		
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in which naintains funds.	STATE A	ZIP CODE A
esignated Agent: Identification of the composite of the c	fy by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in which naintains funds.	STATE A Telephone Number	ZIP CODE A