Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. JUSTICE FOR WV SENATE REPUBLICAN NOMINEE FUND 2024 PO BOX 9891 ADDRESS (number and street) (Check if address is changed) ARLINGTON 22219 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address NOMINEEFUND@CROSBYOTT.COM is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00780833 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer GLAZE, KAYLA,, 05 17 2024 Signature of Treasurer GLAZE, KAYLA,,, Date 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) 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 candidate information below.)  |
| Name of Candidate JUSTICE, JAMES, CONLEY, , II   |
| Candidate Party Affiliation REP Office Sought: House X Senate President District   |
| (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.  |
| Name of Candidate  |
| Party Committee:   |
| (d) This committee is a (National, State (Democratic, or subordinate) committee of the Republican, etc.) Party   |
| Political Action Committee (PAC):  |
| (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a   |
| Corporation Corporation w/o Capital Stock Labor Organization   |
| Membership Organization Trade Association Cooperative  |
|  |
| In addition, this committee is a Lobbyist/Registrant PAC.  |
| (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)  |
| 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 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. |
| 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   , , , , , , , , , , , , , , , , , ,  |
| C  |

| FEC Form 1 (Revised | 02/2009) | Page 3 |
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|                     |          |        |

| Nrite or Type Committe | ee Name |
|------------------------|---------|
|------------------------|---------|

| JUSTICE FOR WV | SENATE REP | HIBLICAN NON | MINEE FLIND | 2024         |
|----------------|------------|--------------|-------------|--------------|
|                |            |              |             | <b>202</b> 7 |

|    | OCCITICE FOR V   | VV GENTAL INEL GREEK                                       | 77 (14 140)            |                    | B 202 1                   |
|----|--|--|------------------------|--------------------|---------------------------|
| 6. | Name of Any Connected Or                                   | ganization, Affiliated Committee, Joint                    | Fundraising Repr       | esentative, or l   | Leadership PAC Sponsor    |
|    | CORNYN VICTORY   | COMMITTEE  |                        |                    | I                         |
|    |  |  |                        |                    |                           |
|    |  |  |                        |                    |                           |
|    | Mailing Address  | PO BOX 13026   |                        |                    |                           |
|    |  | T  |                        |                    |                           |
|    |  |  |                        |                    |                           |
|    |  | AUSTIN   |                        | LTX L              | 78711                     |
|    |  | CITY ▲   |                        | STATE ▲            | ZIP CODE ▲                |
|    | Relationship: Connected                                    | Organization Affiliated Organization                       | X Joint Fundraising    | Representative     | Leadership PAC Sponso     |
|    |  |  | _                      |                    |                           |
|    |  |  |                        |                    |                           |
|    | Custodian of Decarday Identi                               | fy by name, address (phone number op                       | tional) and position ( | of the person in r | acceptain of committee    |
| 7. | books and records.   | ry by name, address (prione number op                      | lional) and position ( | or the person in p | oossession of committee   |
|    | GLAZE, KA  | YLA  |                        |                    |                           |
|    | Full Name  |  |                        |                    |                           |
|    |  | PO BOX 9891  |                        |                    |                           |
|    | Mailing Address  |  |                        |                    |                           |
|    |  |  |                        |                    |                           |
|    |  | ARLINGTON  |                        | VA L               | 22219                     |
|    |  | CITY ▲   |                        | STATE ▲            | ZIP CODE ▲                |
|    | Title or Position ▼  |  |                        |                    |                           |
|    | TREASURER  |  | Telephone nun          | -hau               | 1-1 1-1                   |
|    |  |  | reiepnone nun          | nber               |                           |
| 8. | Treasurer: List the name and any designated agent (e.g., a | d address (phone number optional) of assistant treasurer). | the treasurer of the   | committee; and     | d the name and address of |
|    | Full Name GLAZE, KA  | YI A   |                        |                    |                           |
|    | of Treasurer   |  |                        |                    |                           |
|    |  | <sub>1</sub> PO BOX 9891                                   |                        |                    |                           |
|    | Mailing Address  |  |                        |                    |                           |
|    |  |  |                        |                    |                           |
|    |  | ARLINGTON  |                        | L                  | 22219                     |
|    |  | CITY ▲   |                        | STATE ▲            | ZIP CODE ▲                |
|    | Title or Position ▼  |  |                        |                    |                           |
|    | TREASURER  | 1  |                        | . 1                |                           |
|    |  |  | Telephone nun          | nber               |                           |
| 1  |  |  |                        |                    |                           |

| FEC Form 1                          | (Revised 02/2009)  | Page <b>4</b>      |
|-------------------------------------|--|--------------------|
| Full Name of<br>Designated<br>Agent |  |                    |
| Mailing Address                     |  |                    |
|                                     |  |                    |
|                                     |  |                    |
| Title or Position <b>▼</b>          | CITY ▲ STATE ▲   | ZIP CODE ▲         |
| Title or Position (                 |  |                    |
| Banks or Other safety deposit box   | <b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, hold<br>kes or maintains funds. | ds accounts, rents |
| Name of Bank, D                     | epository, etc.  |                    |
| Mailing Address                     | BANKPLUS  385A HIGHLAND COLONY PKWY  |                    |
|                                     | DIDOELAND MC 20457   |                    |
|                                     | RIDGELAND MS 39157   |                    |
|                                     | CITY ▲ STATE ▲   | ZIP CODE ▲         |
| Name of Bank, D                     | epository, etc.  |                    |
|                                     | CHAIN BRIDGE BANK  |                    |
| Mailing Address                     | 1445-A LAUGHLIN AVENUE   |                    |
|                                     |  |                    |
|                                     | MCLEAN VA 22101  |                    |
|                                     | CITY ▲ STATE ▲   | ZIP CODE ▲         |
| <br>                                |  |                    |

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| Page | of <sup>9</sup> |  |

| (h). Joint Fundrais   | ing Participant:   |                                 |                            |
|---|--|---------------------------------|----------------------------|
| 1.  |  | FEC ID number                   | С                          |
| 2.  |  | FEC ID number                   | C                          |
| 3.  |  | FEC ID number                   | С                          |
| 4.  |  | FEC ID number                   | C                          |
|   |  |                                 |                            |
| Name of Any Connecte<br>FRIENDS OF KENN   | d Organization, Affiliated Committee, Joint Fur<br>NEDY  | ndraising Representative        | e, or Leadership PAC Spons |
|   |  |                                 |                            |
|   |  |                                 |                            |
| Mailing Address   | 3337 NORTH HULLEN ST.  |                                 |                            |
|   | SUITE 301  |                                 |                            |
|   | METAIRIE   | LA L                            | 70002                      |
| Relationship:   | CITY A   | STATE ▲                         | ZIP CODE ▲                 |
| Connect   |  | oint Fundraising Represent      | ative Leadership PAC Spo   |
| Connect   | ed Organization Affiliated Committee X Jo  | oint Fundraising Represent      | ative Leadership PAC Spo   |
| Connect  Designated Agent: Ident  | ed Organization Affiliated Committee X Jo  | pint Fundraising Representa     | Leadership PAC Spo         |
| Connect  Designated Agent: Ident  Full Name   | ed Organization Affiliated Committee X Jo  | pint Fundraising Representa     | Leadership PAC Spo         |
| Connect  Designated Agent: Ident  Full Name   | ed Organization Affiliated Committee X Jo  | oint Fundraising Representa     | Leadership PAC Spo         |
| Connect  Designated Agent: Ident  Full Name   | ed Organization Affiliated Committee X Joint Joi | sint Fundraising Representation | Leadership PAC Spo         |
| Connect  Designated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITIO  | ed Organization Affiliated Committee X Joint Joi |                                 |                            |
| Connect  Designated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITIO  Banks or Other Deposit defety deposit boxes or research.  | ed Organization  | STATE A Telephone Number        | ZIP CODE A                 |
| Connect  Designated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITIO  Banks or Other Deposit defety deposit boxes or research.  | ed Organization  | STATE A Telephone Number        | ZIP CODE A                 |
| Connect  Designated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITIO  Banks or Other Depositions deposit boxes or researched by the control of Bank, TRUI               | ed Organization  | STATE A Telephone Number        | ZIP CODE A                 |
| Connect  Designated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITIO  Banks or Other Deposit afety deposit boxes or relative deposit boxes or relative depository, etc. | ed Organization  | STATE A Telephone Number        | ZIP CODE A                 |
| Connect  Designated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITIO  Banks or Other Deposit afety deposit boxes or relative deposit boxes or relative depository, etc. | ed Organization  | STATE A Telephone Number        | ZIP CODE A                 |

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| . 1                     |                    | Participant:     |                        |                 |            |                           |
|-------------------------|--------------------|------------------|------------------------|-----------------|------------|---------------------------|
| 1. 🖳                    |                    |                  |                        | FEC ID          | number     | С                         |
| 2. 🔲                    |                    |                  |                        | FEC ID          | number     | C                         |
| 3. 🗔                    |                    |                  |                        | FEC ID          | number     | C                         |
| 4.                      |                    |                  |                        | FEC ID          | number     | C                         |
|                         |                    |                  |                        |                 |            |                           |
|                         | _                  | _                | ated Committee, Joint  | Fundraising Rep | esentative | , or Leadership PAC Spons |
| JIM JU                  | JSTICE FOR U.      | S. SENATE        |                        |                 |            |                           |
|                         |                    |                  |                        |                 |            |                           |
| Mai                     | ling Address       | 3501 MACCORK     | LE AVE SE              |                 |            |                           |
|                         | -                  | NUM 131          |                        |                 |            |                           |
|                         |                    | CHARLESTON       |                        | 1               | l WV       | 25304                     |
| Rela                    | ationship:         |                  | CITY A                 |                 | STATE A    | ZIP CODE ▲                |
| esignate                | ed Agent: Identify | by name, address | (phone number – option | nal)            |            |                           |
| <b>Pesignate</b> Full N |                    | by name, address | (phone number – option | nal)            |            |                           |
| Full N                  |                    | by name, address | (phone number – option | nal)            |            |                           |
| Full N                  | lame               | by name, address | (phone number – option | nal)            |            |                           |
| Full N                  | lame               | by name, address | (phone number – option | nal)            |            |                           |
| Full N                  | lame               |                  | (phone number – option |                 | TATE A     | ZIP CODE A                |

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| Page | of <sup>9</sup> |  |

| (h). <b>Joint Fundraisin</b> | g Participant:                              |                             |                              |
|------------------------------|---|-----------------------------|------------------------------|
| 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 F | undraising Representative   | e, or Leadership PAC Sponsor |
| MAJORITY MAKERS              | FUND  |                             |                              |
| 1                            |   |                             |                              |
|                              |   |                             |                              |
| Mailing Address              | 2024 3RD AVE N                              |                             |                              |
|                              | STE 211                                     |                             |                              |
|                              | BIRMINGHAM                                  | AL                          | 35203                        |
| Relationship:                | CITY ▲                                      | STATE ▲                     | ZIP CODE ▲                   |
| Connected                    | Organization Affiliated Committee X         | Joint Fundraising Represent | ative Leadership PAC Spons   |
|                              |   |                             |                              |
| Full Name                    |   |                             |                              |
| Full Name                    |   |                             |                              |
|                              |   |                             |                              |
|                              |   |                             |                              |
| Mailing Address              | CITY  | STATE A                     | ZIP CODE A                   |
|                              | CITY A                                      | STATE A  Telephone Number   | ZIP CODE <b>A</b>            |

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

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| (h). <b>Joint Fundraisi</b>  | ng Participant:  |                       |                            |
|--|--|-----------------------|----------------------------|
| 1.   |  | FEC ID number         | С                          |
| 2.   |  | FEC ID number         | C                          |
| 3.   |  | FEC ID number         | С                          |
| 4.   |  | FEC ID number         | С                          |
| -  | d Organization, Affiliated Committee, Joint Fundr  | aising Representative | e, or Leadership PAC Spons |
| TILLIS AND COLLE   | AGUES VICTORT COMMITTEE  |                       |                            |
|  |  |                       |                            |
| Mailing Address  | 228 S WASHINGTON ST  |                       |                            |
|  | STE 115  |                       |                            |
|  | ALEXANDRIA   | VA                    | 22314                      |
| Relationship:  | CITY A   | STATE ▲               | ZIP CODE ▲                 |
| esignated Agent: Identi  | fy by name, address (phone number – optional)  |                       |                            |
| rull Name  | fy by name, address (phone number – optional)  |                       |                            |
|  | fy by name, address (phone number – optional)  |                       |                            |
| Full Name  | fy by name, address (phone number – optional)  |                       |                            |
| Full Name  | fy 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   | CITY ▲  CITY ▲  Telepories: List all banks or other depositories in which                  | elephone Number       |                            |
| Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite afety deposit boxes or make the property of the position of the positio | CITY A  CITY A  Telepories: List all banks or other depositories in which naintains funds. | elephone Number       |                            |
| Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite afety deposit boxes or make the property of the position of the positio | CITY A  CITY A  Telepories: List all banks or other depositories in which naintains funds. | elephone Number       |                            |

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| Connected Organization Affiliated Committee X Joint Fundraising Representative Leadership PA  Designated Agent: Identify by name, address (phone number – optional)  Full Name Mailing Address   | (h). <b>Joint Fundraisi</b>  |  |   |   |
|--|--|--|---|---|
| 3.   | 1.   |  | FEC ID number                                 | С   |
| A.   FEC ID number   C    Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC S   WINNING FOR AMERICA FUND    Mailing Address   101 W ARGONNE DR    #24   SAINT LOUIS   MO   63122    Relationship: CITY   STATE   ZIP CODE    Connected Organization   Affiliated Committee   X Joint Fundraising Representative   Leadership PAC    Designated Agent: Identify by name, address (phone number – optional)  Full Name   Mailing Address    Mailing Address   ZIP CODE   ATTILLE OR POSITION   XIATE   ZIP CODE   ATTILLE OR POSITION   XIATE   XIATE   ZIP CODE   ATTILLE OR POSITION   XIATE   XIA | 2.   |  | FEC ID number                                 | C   |
| A.   FEC ID number   C   | 3.   |  | FEC ID number                                 | С   |
| Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC S  WINNING FOR AMERICA FUND  Mailing Address  101 W ARGONNE DR  #24  SAINT LOUIS  Relationship:  CITY ▲ STATE ▲ ZIP CODE  Connected Organization  Affiliated Committee  W Joint Fundraising Representative  Leadership PA  Designated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  CITY ▲ STATE ▲ ZIP CODE ▲  |  |  | FEC ID number                                 | С   |
| WINNING FOR AMERICA FUND  Mailing Address  101 W ARGONNE DR  #24  SAINT LOUIS  Relationship:  Connected Organization  Affiliated Committee  X Joint Fundraising Representative  Leadership PA  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    101 W ARGONNE DR  | lame of Any Connected  | l Organization, Affiliated Committee, Joint Fund   | raising Representativ                         | e, or Leadership PAC Spons                            |
| #24  SAINT LOUIS  Relationship:  CITY ▲  STATE ▲  ZIP CODE  Connected Organization  Affiliated Committee  X Joint Fundraising Representative  Leadership PA  Designated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  CITY ▲  STATE ▲  ZIP CODE ▲  TITLE OR POSITION ▼  CITY ▲  STATE ▲  ZIP CODE ▲  | WINNING FOR AME  | ERICA FUND   |   |   |
| #24  SAINT LOUIS  Relationship:  CITY ▲  STATE ▲  ZIP CODE  Connected Organization  Affiliated Committee  X Joint Fundraising Representative  Leadership PA  Designated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  CITY ▲  STATE ▲  ZIP CODE ▲  TITLE OR POSITION ▼  CITY ▲  STATE ▲  ZIP CODE ▲  |  |  |   |   |
| #24  SAINT LOUIS  Relationship:  CITY ▲  STATE ▲  ZIP CODE  Connected Organization  Affiliated Committee  X Joint Fundraising Representative  Leadership PA  Designated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  CITY ▲  STATE ▲  ZIP CODE ▲  TITLE OR POSITION ▼  CITY ▲  STATE ▲  ZIP CODE ▲  |  |  |   |   |
| SAINT LOUIS  Relationship:  CITY ▲  STATE ▲  ZIP CODE  Connected Organization  Affiliated Committee  X Joint Fundraising Representative  Leadership PA  Designated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  CITY ▲  STATE ▲  ZIP CODE ▲  ZIP CODE ▲   | Mailing Address  | 101 W ARGONNE DR   |   |   |
| Relationship: CITY ▲ STATE ▲ ZIP CODE  Connected Organization  Affiliated Committee  |  | #24  |   |   |
| Connected Organization   |  | SAINT LOUIS  | MO  | 63122   |
| Designated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  CITY ▲ STATE ▲ ZIP CODE ▲   | Relationship:  | CITY A   | STATE ▲                                       | ZIP CODE ▲  |
| Mailing Address  CITY ▲  STATE ▲  ZIP CODE ▲   |  |  | t Fundraising Represent                       | ative Leadership PAC Spo                              |
| TITLE OR POSITION ▼  CITY ▲  STATE ▲  ZIP CODE ▲   | esignated Agent: Identi  |  | t Fundraising Represent                       | ative Leadership PAC Spo                              |
| TITLE OR POSITION ▼  | Pesignated Agent: Identi   |  | t Fundraising Represent                       | ative Leadership PAC Spo                              |
| TITLE OR POSITION ▼  | Pesignated Agent: Identi   |  | t Fundraising Represent                       | ative Leadership PAC Spo                              |
| TITLE OR POSITION ▼  | Pesignated Agent: Identi   |  | t Fundraising Represent                       | Leadership PAC Spo                                    |
|  | Pesignated Agent: Identi   | fy by name, address (phone number – optional)  |   |   |
|  | Pesignated Agent: Identi Full Name Mailing Address   | fy by name, address (phone number – optional)  |   | ZIP CODE A  |
|  | Pesignated Agent: Identi Full Name Mailing Address   | fy by name, address (phone number – optional)  CITY  | STATE A                                       |   |
|  | gnated Agent: Identi Full Name  Mailing Address  TITLE OR POSITION  Ks or Other Deposit  | fy by name, address (phone number – optional)  CITY   CITY   To  pries: List all banks or other depositories in which                  | STATE A                                       | ZIP CODE A  |
|  | Pesignated Agent: Idention Full Name Mailing Address  TITLE OR POSITION  | fy by name, address (phone number – optional)  CITY   CITY   To  pries: List all banks or other depositories in which                  | STATE A                                       | ZIP CODE A  |
| safety deposit boxes or maintains funds.   | Full Name  Mailing Address  TITLE OR POSITION  Canks or Other Deposite afety deposit boxes or make the control of Bank,  | fy by name, address (phone number – optional)  CITY   CITY   To  pries: List all banks or other depositories in which                  | STATE A elephone Number  the committee deposi | ZIP CODE   ZIP CODE   ts funds, holds accounts, rents |
| safety deposit boxes or maintains funds.   | Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite afety deposit boxes or make the property of the propert | fy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which paintains funds. | STATE A elephone Number  the committee deposi | ZIP CODE   ZIP CODE   ts funds, holds accounts, rents |
| Safety deposit boxes or maintains funds.  Name of Bank,  Depository, etc.  | Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite afety deposit boxes or make the property of the propert | fy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which paintains funds. | STATE A elephone Number  the committee deposi | ZIP CODE   ZIP CODE   ts funds, holds accounts, rents |
| safety deposit boxes or maintains funds.  Name of Bank,  Depository, etc.  | Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite afety deposit boxes or make the property of the propert | fy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which paintains funds. | STATE A elephone Number  the committee deposi | ZIP CODE   ZIP CODE   ts funds, holds accounts, rents |