FEC FORM 1		STATEME ORGANIZ		Of	PAGE 1 / 12
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
ADDRESS (number an	d street)	PO BOX 13026			
(Check if a is changed)					
				TX     787	
		CITY A		STATE A	ZIP CODE▲
COMMITTEE'S E-MA	L ADDRE	SS			
(Check if a is changed)	ddress	salpurpura2010@gmail.co	om		
,		Optional Second E-Mail A	ddress		
COMMITTEE'S WEB	ddress	DRESS (URL)			
2. DATE 03	/ D 20	D / Y Y Y Y 2024			
3. FEC IDENTIFIC	ATION NU	MBER ► C	C00770180		
4. IS THIS STATEM	ENT	NEW (N) OR	X AMENDED (A)	)	
I certify that I have ex	amined th	is Statement and to the bes	st of my knowledge and belie	of it is true, correct and	complete.
	( <b>T</b>				
Type or Print Name o	i ireasurer	<u>PURPURA, SALVATORE,</u>	A, MR.,		
Signature of Treasure	PURF	PURA, SALVATORE, A, MR.,		Date 03	20 / Y Y Y Y 2024
NOTE: Submission of fa	alse, errone		n may subject the person signi ATION SHOULD BE REPORT	-	penalties of 52 U.S.C. §3010
Office Use Only			For further informatic Federal Election Comm Toll Free 800-424-9530 Local 202-694-1100	nission	FEC FORM 1 (Revised 06/2012)

FEC	C Form 1 (Revised 03/2022)	Page <b>2</b>
5. 7	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 c information below.)	candidate
	Name of Candidate	
	Candidate Party Affiliation Office Sought: House Senate President	State District
(	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
(	Party Committee: (d) This committee is a (National, State or subordinate) committee of the Political Action Committee (PAC):	c.) Party
,	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected or	organization is a:
	Corporation Corporation w/o Capital Stock	anization
	Membership Organization Trade Association Cooperative	e
	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 from committee. (i.e., nonconnected committee)	und 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 PAC)	
	In addition, this committee is a Lobbyist/Registrant PAC.	

## Joint Fundraising Representative:

This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political (i)  $\times$ 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 (j) committees/organizations, none of which is an authorized committee of a federal candidate. Committees Participating in Joint Fundraiser ALAMO PAC C00387464 С 1. AZ SENATE REP NOMINEE FUND 2024 С C00829390 2.

	_					
	FEC Form 1 (Revised 0	2/2009)				Page 3
V	Vrite or Type Committee Name					
	CORNYN VICTO	DRY COMMITTE	E			
6.	Name of Any Connected O	rganization, Affiliated Comm	nittee, Joint Fu	Indraising Represer	ntative, or Leaders	ship PAC Sponsor
	Mailing Address					
		CIT	Y 🔺	STA	ATE 🔺	ZIP CODE
	Relationship: Connected	Organization Affiliated Or	ganization	Joint Fundraising Re	presentative	Leadership PAC Sponsor

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

PURPURA	, SALVATORE, , Mr.,
Full Name	
Mailing Address	6334 PUMPERNICKEL LN
	MONROE     NC     28110       -     -     -
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
	Telephone number     704     668     1993

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 of Treasurer	PURPURA, SALVATORE, , ,		
Mailing Address	6334 PUMPERNICKEL LN		
		NC 28110	
	CITY ▲	STATE 🔺	ZIP CODE
Title or Position	•		
		elephone number	668   -   <u>1993</u>

FEC Form 1 (Revised 02	2/2(	009	9)																									Pag	e Z	1		
Full Name of Designated Agent		1			1	1		1						1	1	1						1	1		1				1			1
Mailing Address																																
									CI	TΥ										5	ST/	ΑΤΕ				Z	IP (		ЭE			
Title or Position ▼																																
															-	Tele	eph	one	e n	umt	ber				- [							

Name of Bank, Depository, etc.

Mailing Address			
		VA 2210	D1
	CITY A	STATE A	ZIP CODE
Name of Bank, [			]
Mailing Address			
	CITY A	STATE ▲	ZIP CODE

FEC Form 1S (Revised 02/201	Optional Supplemental In17)for Lines 5(g) or (h), 6, 8		Page of
5(g) or (h). Joint Fundraising	Participant:		<b>C</b> C00577999
1.		FEC ID number	
		FEC ID number	C C00837484
3. CRAMER FOR SENATE		FEC ID number	C C00504704
4 DEB FISHER FOR US SE	ENATE	FEC ID number	<b>C</b> C00498907
6. Name of Any Connected O	rganization, Affiliated Committee, Joint Fund	Iraising Representative	e, or Leadership PAC Sponsor
Mailing Address			
Relationship:		STATE 🔺	ZIP CODE
Connected C	Drganization Affiliated Committee Join	nt Fundraising Representa	ative Leadership PAC Sponsor
3. Designated Agent: Identify b	by name, address (phone number – optional)		
Full Name			
Mailing Address			
TITLE OR POSITION V	, CITY A	STATE 🔺	ZIP CODE
	<u> </u>	Felephone Number	

Name of Bank, Depository, etc.	<u> </u>																											
Mailing Address																												
	L																								- [			
	CITY 🔺							STATE A						ZIP CODE														

FEC Form 1S (Revised 02/20	Optional Supplemental Infofor Lines 5(g) or (h), 6, 8 a		Page of
5(g) or (h). Joint Fundraising Friends of Dave McCormi 1. FRIENDS OF JOHN B 2. HOGAN FOR MARYLAN 3. HOVDE FOR WISCONS 4. HOVDE FOR WISCONS	ck ARRASSO D	FEC ID number FEC ID number FEC ID number FEC ID number	<ul> <li>C 00851980</li> <li>C 00436386</li> <li>C 00869016</li> <li>C 00870139</li> </ul>
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
Mailing Address Relationship:	CITY  Organization	↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓	Leadership PAC Sponsor
8. Designated Agent: Identify	by name, address (phone number – optional)		
Full Name			
		STATE	

Name of Bank, Depository, etc.																												
Mailing Address																												
	L																											
	L																			L					·			
									STATE A						ZIP CODE													

FEC Form 1S (Revised 02/20	Optional Supplemental Infofor Lines 5(g) or (h), 6, 8 a		Page of
5(g) or (h). Joint Fundraising IN SENATE REP NOMINI 1. JOSH HAWLEY FOR S 2. KARI LAKE FOR SENAT 3. MARSHA FOR SENATE 4. MARSHA FOR SENATE	EE FUND 2024	FEC ID number FEC ID number FEC ID number FEC ID number	<ul> <li>C C00829416</li> <li>C C00652727</li> <li>C C00852343</li> <li>C C00376939</li> </ul>
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
Mailing Address Relationship:	CITY  Organization Affiliated Committee Joint		Leadership PAC Sponsor
	by name, address (phone number – optional)		
Full Name			
		STATE	

Name of Bank, Depository, etc.																						
Mailing Address																						
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FEC Fo	rm 1S (Revised 02/20	Optional Supplemental I17)for Lines 5(g) or (h), 6, 3		Page of 12
5(g) or (h). 1. 2. 3. 4.	Joint Fundraising	EE FUND 2024	FEC ID number FEC ID number FEC ID number FEC ID number	C       C00829457         C       C00829465         C       C00865956         C       C00027466
6. <b>Name</b>	of Any Connected O	rganization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Sponsor
	Mailing Address			
	Relationship:	CITY  CITY  CITY  CITY  CITY	STATE	ZIP CODE  A ative
8. Desig	nated Agent: Identify b	by name, address (phone number – optional)		
	II Name			
т	ITLE OR POSITION		U U U U U U U U U U U U U U U U U U U	

Name of Bank, Depository, etc.																							
Mailing Address																							
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FEC Form 1S (Revised 02/201	7) Optional Supplemental Info for Lines 5(g) or (h), 6, 8 a		Page of 12
5(g) or (h).       Joint Fundraising         1.       NV SENATE REP NOMINE         2.       OH SENATE REP NOM         3.       PA SENATE REP NOMINE         4.       PETE RICKETTS FOR S	EE FUND 2024	FEC ID number FEC ID number FEC ID number FEC ID number	<ul> <li>C 00829481</li> <li>C 00829499</li> <li>C 00829515</li> <li>C 00832436</li> </ul>
6. Name of Any Connected O	rganization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
Mailing Address			
Relationship:	CITY  CITY	STATE ▲ Fundraising Representa	ZIP CODE ▲ ative Leadership PAC Sponsor
8. Designated Agent: Identify b	y name, address (phone number – optional)		
Full Name			
TITLE OR POSITION ▼		STATE	

Name of Bank, Depository, etc.	<u> </u>																					
Mailing Address																						
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FEC Form 1S (Revised 02/20	Optional Supplemental Info17)for Lines 5(g) or (h), 6, 8 a		Page of
(g) or (h). Joint Fundraising	Participant:		C C00570861
1. I RICK SCOTT FOR FL		FEC ID number	
2.		FEC ID number	C C00676965
3.		FEC ID number	C C00670695
4. L TED CRUZ FOR SENAT	E	FEC ID number	<b>C</b> C00492785
. Name of Any Connected C	rganization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
Mailing Address	_ , , , , , , , , , , , , , , , , , , ,		
Relationship:		STATE 🔺	ZIP CODE
Connected	Organization Affiliated Committee Joint F	Fundraising Representa	ative Leadership PAC Sponso
Designated Agent: Identify	oy name, address (phone number – optional)		
Full Name			
Mailing Address			
TITLE OR POSITION	CITY A	STATE A	ZIP CODE
		ephone Number	

Name of Bank, Depository, etc.																							
Mailing Address	L																						
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FEC Form 1S (Revised 02/2017)

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

ZIP CODE

STATE 🔺

5(g) or (h). Joint	Fundraising Participar	nt:			
Texans f 1 ∣	or Senator John Cornyn Inc		FE	C ID number	С С00369033
2.   TIM SH				C ID number	C C00844159
		E FUND 2024	 , ,   FE	C ID number	C C00850545
	ATE REP NOMINEE FUND 2	2024		C ID number	C C00829523
6. Name of Any	Connected Organizatio	n, Affiliated Committee, Joi	nt Fundraising	Representative	or Leadership PAC Sponsor
Mailing A	ddress				
Relations	hip:	CITY A		STATE A	ZIP CODE
[	Connected Organizatio	n Affiliated Committee	Joint Fundr	aising Representat	ive Leadership PAC Sponsor
8. Designated Ag	ent: Identify by name, a	address (phone number – op	tional)		
8. Designated Ag	ent: Identify by name, a	address (phone number – op	tional)		
Full Name		address (phone number – op	tional)		
		address (phone number – op	tional)		
Full Name		address (phone number – op	tional)		
Full Name			tional)		
Full Name Mailing Ado		address (phone number – op	tional)		
Full Name Mailing Ado	l			STATE	
Full Name Mailing Add TITLE OR	l iress    POSITION ▼	CITY ▲	Telephor	ne Number	
Full Name Mailing Add TITLE OR	POSITION V	CITY ▲ banks or other depositories s.	Telephon	ne Number	
Full Name Mailing Add TITLE OR	POSITION V	CITY ▲ banks or other depositories s.	Telephor	me Number	funds, holds accounts, rents

FEC Form 1S (Revised 02/201	7) Optional Supplemental II for Lines 5(g) or (h), 6, 8		Page of
5(g) or (h). Joint Fundraising I	Participant:		
WICKER FOR SENATE           1.		FEC ID number	C C00443218
2.   WV SENATE REP NOM	INEE FUND 2024	FEC ID number	C C00780833
3.		FEC ID number	С
4.		FEC ID number	С
6. Name of Any Connected Or	ganization, Affiliated Committee, Joint Fund	traising Benresentativ	e or Leadershin PAC Sponsor
Mailing Address			
l			
Relationship:		STATE 🔺	ZIP CODE
Connected C	rganization Affiliated Committee Joi	nt Fundraising Representa	ative Leadership PAC Sponsor
B. Designated Agent: Identify by	y name, address (phone number - optional)		
Full Name			
Mailing Address			
l			
TITLE OR POSITION V	CITY A	STATE A	ZIP CODE
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Name of Bank, Depository, etc.																							
Mailing Address	L																						
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