FEC

Only

STATEMENT OF

PAGE 1 / 19

ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Sam Brown for Nevada PO Box 750844 ADDRESS (number and street) (Check if address is changed) Las Vegas NV89136 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address chrissie@incompliance.net is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) sambrownfornevada.com (Check if address is changed) DATE 2024 C00845032 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 Hastie, Chrissie, , Date 80 07 2024 Signature of Treasurer Hastie, Chrissie, , , 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

| E | C 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 candidate information below.) | |
| | Name of Candidate Brown, Sam, , , | |
| | Candidate Party Affiliation REP Office Sought: House X Senate President District 00 | |
| | (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 (Democratic, 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 | 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: | |
| | 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 | |

| | FEC Form 1 (Revised 0 | 2/2009) | Page 3 |
|----|---|---|----------------------------|
| ٧ | Vrite or Type Committee Name | | |
| | Sam Brown for N | levada | |
| 6. | | ganization, Affiliated Committee, Joint Fundraising Representative, or | Leadership PAC Sponsor |
| | MAJORITY MAKERS | FUND | |
| | | | |
| | | | |
| | Mailing Address | 421 OFFICE PARK DR | |
| | | 1 | |
| | | MOUNTAIN BROOK AL | 35223 |
| | | CITY ▲ STATE ▲ | ZIP CODE ▲ |
| | | | |
| | Relationship: Connected | Organization Affiliated Organization X Joint Fundraising Representative | /e Leadership PAC Sponso |
| | | | |
| 7. | | y by name, address (phone number optional) and position of the person in | n possession of committee |
| | books and records. | | |
| | Hastie, Chr | ssie,,, | |
| | Full Name | | |
| | Mailing Address | 3275 N Fort Apache #150 | |
| | | 1 | |
| | | Las Vegas NV | 89129 |
| | | | |
| | Title or Position ▼ | CITY ▲ STATE ▲ | ZIP CODE ▲ |
| | Treasurer | 1 702 | 2 259 5559 |
| | | Telephone number | |
| | | | |
| 8. | Treasurer: List the name and any designated agent (e.g., a | address (phone number optional) of the treasurer of the committee; a ssistant treasurer). | nd the name and address of |
| | Full Name Hastie, Chr | ssie | |
| | of Treasurer | | |
| | Mailing Address | 3275 N Fort Apache #150 | |
| | | | |
| | | Las Vegas NV | 89129 |
| | | CITY ▲ STATE ▲ | ZIP CODE ▲ |
| | Title or Position ▼ | SIAIE A | ZIF GODE A |
| | Treasurer | | 2 - 259 - 5559 |

| FEC Form 1 (Revised | d 02/2009) | | Page 4 |
|--|--|---------------------------------|----------------------------|
| Full Name of Designated Agent | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| | | Telephone number | |
| Banks or Other Deposito safety deposit boxes or m | ories: List all banks or other depositories in validation aintains funds. | which the committee deposits fu | nds, holds accounts, rents |
| Name of Bank, Depository | , etc. | | |
| Bank | of Nevada | | |
| Mailing Address | 8505 Centennial Pkwy | | |
| | | | |
| | Las Vegas | NV NV | 89149 |
| | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| Name of Bank, Depository | , etc. | | |
| Chain | Bridge Bank | | |
| Mailing Address | 1445A Laughlin Ave | | |
| | | | |
| | McLean | VA VA | 22101 |
| | CITY ▲ | STATE ▲ | ZIP CODE ▲ |

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

Page ___ **of** ____

| 1. | | Participant: | | | | |
|--------------------|-------------------|-----------------------|------------------------|-------------------|-------------|----------------------------|
| 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, Affilia | ated Committee, Joint | Fundraising Rep | resentative | e, or Leadership PAC Spons |
| SAM BI | ROWN VICTOR | RY COMMITTEE | | | | |
| | | | | | | |
| Mailir | ng Address | PO BOX 751271 | | | | |
| · · · · | ig / taalooc | | | | | |
| | | LAS VEGAS | | | NV | 89136 |
| Relat | ionship: | | CITY A | | STATE A | ZIP CODE ▲ |
| | | Organization | | Joint Fundraising | | |
| Designated | d Agent: Identify | by name, address | (phone number – optior | nal) | | |
| Full Na | me | by name, address | (phone number – optior | nal) | | |
| Full Na | | by name, address | (phone number – optior | nal) | | |
| Full Na | me | by name, address | (phone number – optior | nal) | | |
| Full Na | me | by name, address | (phone number – optior | nal) | | |
| Full Na Mailing | me | | (phone number – option | | STATE A | ZIP CODE A |
| Full Na Mailing | me | | | | | ZIP CODE A |

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

Page ___ **of** ____

| (h). Joint Fundrai | sing Participant: | | | |
|---|--|--|-----------------|----------------------|
| 1. | | FEC ID nui | mber C | |
| 2 | | FEC ID nui | mber C | |
| 3 | | FEC ID nui | mber C | |
| 4. | | FEC ID nui | mber C | |
| Name of Any Connecton | ed Organization, Affiliated Committee, Join | t Fundraising Represe | entative, or | Leadership PAC Spons |
| | | | | |
| | | | | |
| Mailing Address | 3275 N FORT APACHE #150 | | | |
| | | | | |
| | LAS VEGAS | | NV L | 89129 |
| Relationship: | CITY ▲ | ST/ | ATE 🛦 | ZIP CODE ▲ |
| | | X Joint Fundraising Rep | presentative | Leadership PAC Spo |
| Designated Agent: Ider | eted Organization Affiliated Committee | X Joint Fundraising Rep | presentative | Leadership PAC Spo |
| Designated Agent: Ider | eted Organization Affiliated Committee | X Joint Fundraising Rep | presentative | Leadership PAC Spo |
| Designated Agent: Ider | eted Organization Affiliated Committee | X Joint Fundraising Rep | presentative | Leadership PAC Spo |
| Designated Agent: Ider | Affiliated Committee | X Joint Fundraising Reponal) | | |
| Designated Agent: Ider | Affiliated Committee | X Joint Fundraising Rep | | Leadership PAC Spo |
| Designated Agent: Ider Full Name Mailing Address | Affiliated Committee | X Joint Fundraising Reponal) | | |
| Pesignated Agent: Ider Full Name Mailing Address TITLE OR POSITION Banks or Other Deposes afety deposit boxes or | Affiliated Committee Intify by name, address (phone number – opti | X Joint Fundraising Reponal) STAT | TE A | ZIP CODE A |
| Pesignated Agent: Ider Full Name Mailing Address TITLE OR POSITION Banks or Other Depose Safety deposit boxes or Name of Bank, Depository, etc. | Affiliated Committee Intify by name, address (phone number – opti | X Joint Fundraising Reponal) STAT Telephone Number which the committee of | erdeposits fund | ZIP CODE A |

| Page | of | 19 | |
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| 1. | (h). Joint Fundraisi | ig Faiticipant. | | |
|---|--|--|---|--|
| 3. | 1. | | FEC ID number | С |
| A. FEC ID number C Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sp. BROWN/ROGERS VICTORY FUND Mailing Address 3275 NORTH FORT APACHE ROAD 150 LAS VEGAS Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ ZIP CODE ▲ | 2. | | FEC ID number | C |
| Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sp. BROWN/ROGERS VICTORY FUND Mailing Address 3275 NORTH FORT APACHE ROAD LAS VEGAS Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ ZIP CODE ▲ | 3. | | FEC ID number | С |
| Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sp. BROWN/ROGERS VICTORY FUND Mailing Address 3275 NORTH FORT APACHE ROAD LAS VEGAS Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Valid Fundraising Representative Leadership PAC Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ | | | FEC ID number | С |
| BROWN/ROGERS VICTORY FUND Mailing Address 3275 NORTH FORT APACHE ROAD 150 LAS VEGAS 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 TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ | | | | |
| Mailing Address 3275 NORTH FORT APACHE ROAD LAS VEGAS 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 TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ | lame of Any Connected | Organization, Affiliated Committee, Joint F | undraising Representativ | e, or Leadership PAC Spons |
| Mailing Address 150 | BROWN/ROGERS \ | /ICTORY FUND | | |
| Mailing Address 150 | | | | |
| 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 CITY ▲ STATE ▲ ZIP CODE ▲ ZIP CODE ▲ | Mailing Address | 3275 NORTH FORT APACHE ROAD | | |
| 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 TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ ZIP CODE ▲ | maming Addiese | 150 | | |
| 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 TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ ZIP CODE ▲ | | LAS VEGAS | ı ı NV ı | 89129 |
| Connected Organization | Relationship: | | | |
| Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address CITY ▲ STATE ▲ ZIP CODE ▲ | neialionsnip. | CITY A | SIAIE | ZIP CODE A |
| TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ | | | | ative Leadership PAC Spo |
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| TITLE OR POSITION ▼ | Pesignated Agent: Identif | | | Leadership PAC Spo |
| TITLE OR POSITION ▼ | Pesignated Agent: Identif | | | Leadership PAC Spo |
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| | Pesignated Agent: Identification Full Name Mailing Address | fy by name, address (phone number – optiona | | |
| | Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION | fy by name, address (phone number – optiona | STATE A | |
| | Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION | fy by name, address (phone number – optional state of the control | STATE A Telephone Number | ZIP CODE A |
| safety deposit boxes or maintains funds. | Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION | fy by name, address (phone number – optional state of the control | STATE A Telephone Number | ZIP CODE A |
| safety deposit boxes or maintains funds. Name of Bank, Depository, etc. | Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite defety deposit boxes or maken and pank, BankF | fy by name, address (phone number – optional content of the conten | STATE Telephone Number hich the committee deposi | ZIP CODE A |
| Name of Bank, BankPlus | Pesignated Agent: Identification Full Name | fy by name, address (phone number – optional content of the conten | STATE Telephone Number hich the committee deposi | ZIP CODE A |
| Name of Bank, BankPlus Depository, etc. 385A Highland Colony Pkwy | Pesignated Agent: Identification Full Name | fy by name, address (phone number – optional content of the conten | STATE Telephone Number hich the committee deposi | ZIP CODE A |
| Name of Bank, BankPlus Depository, etc. | Pesignated Agent: Identification Full Name | fy by name, address (phone number – optional CITY A CITY A Ories: List all banks or other depositories in whaintains funds. 285A Highland Colony Pkwy | STATE Telephone Number hich the committee deposi | ZIP CODE ts funds, holds accounts, rents |

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| | ng Participant: | | |
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| 1. | | FEC ID number | С |
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| 3. | | FEC ID number | С |
| 4. | | FEC ID number | С |
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| lame of Any Connected RECLAIM THE MAJO | Organization, Affiliated Committee, Joint F ORITY | undraising Representativ | e, or Leadership PAC Spons |
| | | | |
| | | | |
| Mailing Address | 421 Office Park Dr | | |
| | | | |
| | Mountain Brook | AL | 35223 |
| Relationship: | CITY A | STATE A | ZIP CODE ▲ |
| Connecte | y by name, address (phone number – optiona | ul) | |
| | y by name, address (phone number – optiona | น) | |
| esignated Agent: Identif | y by name, address (phone number – optiona | N) | |
| esignated Agent: Identif | y by name, address (phone number – optiona | N) | |
| esignated Agent: Identif | y by name, address (phone number – optiona | NI) | |
| esignated Agent: Identif | CITY | STATE A | ZIP CODE A |
| resignated Agent: Identif Full Name Mailing Address TITLE OR POSITION | CITY | | ZIP CODE A |
| esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mail | CITY A cries: List all banks or other depositories in waintains funds. | STATE Telephone Number hich the committee deposit | |
| Full Name Mailing Address TITLE OR POSITION Ganks or Other Deposite afety deposit boxes or make the property of the pr | CITY A cries: List all banks or other depositories in waintains funds. | STATE A Telephone Number hich the committee deposi | ts funds, holds accounts, rent |
| Full Name Mailing Address TITLE OR POSITION anks or Other Deposited afety deposit boxes or mail | CITY A cites: List all banks or other depositories in waintains funds. | STATE A Telephone Number hich the committee deposi | ts funds, holds accounts, rent |

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| h). Joint Fundraising | g Participant: | | |
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| 1. | | FEC ID number | С |
| 2. | | FEC ID number | C |
| 3. | | FEC ID number | С |
| 4. | | FEC ID number | С |
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| ame of Any Connected (| Organization, Affiliated Committee, Joint I | Fundraising Representative | e, or Leadership PAC Sponsor |
| 2024 REPUBLICAN S | ENATE VICTORY | | |
| 1 | | | |
| | | | |
| Mailing Address | 228 S. WASHINGTON STREET | | |
| | SUITE 115 | | |
| | ALEXANDRIA | , , , , , , , , , , VA | 22314 |
| Relationship: | CITY A | STATE ▲ | ZIP CODE ▲ |
| Connected | Organization Affiliated Committee X | Joint Fundraising Represent | ative Leadership PAC Spons |
| | | | |
| Full Name | | | |
| Full Name | | | |
| | | | |
| | | | |
| Mailing Address | CITY A | STATE A | ZIP CODE A |
| | CITY A | STATE A Telephone Number | ZIP CODE A |

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

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| h). Joint Fundraisi | ng Participant: | | |
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| 1. | | FEC ID number | С |
| 2. | | FEC ID number | C |
| 3. | | FEC ID number | C |
| 4. | | FEC ID number | С |
| ame of Any Connected | I Organization, Affiliated Committee, Joint Fu | ndraising Representativ | e, or Leadership PAC Spons |
| SENATE PATH TO | VICTORY 2024 | | |
| | | | |
| Mailing Address | 421 OFFICE PARK DR | | |
| | | | |
| | BIRMINGHAM | AL | 35223 |
| Relationship: | CITY ▲ | STATE A | ZIP CODE ▲ |
| Connecte | ed Organization Affiliated Committee X J | oint Fundraising Represent | ative Leadership PAC Sp |
| esignated Agent: Identi | | | ative Leadership PAC Sp |
| Connecte | | | ative Leadership PAC Sp |
| esignated Agent: Identi | | | ative Leadership PAC Sp |
| esignated Agent: Identi | fy by name, address (phone number – optional) | | |
| esignated Agent: Identi | fy by name, address (phone number – optional) | | Leadership PAC Sp |
| esignated Agent: Identi Full Name Mailing Address | fy by name, address (phone number – optional) | | |
| 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 white anintains funds. | STATE A Telephone Number | 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 white anintains funds. | STATE A Telephone Number ch the committee deposit | ZIP CODE A |

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| (h). Joint Fundraisir | g Participant: | | |
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| 1. | | FEC ID number | С |
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| 4. | | FEC ID number | С |
| lame of Any Connected | Organization, Affiliated Committee, Joint Fun | draining Poprocentative | or Londorphin DAC Spone |
| - | ASSIC COMMITTEE | | . Or Leadership FAC Spons |
| | | | |
| Mailing Address | 228 S. WASHINGTON STREET | | 1 1 1 1 1 1 1 1 1 1 |
| | SUITE 115 | | |
| Dalatianahin | ALEXANDRIA CITY | VA VA STATE ▲ | 22314 ZIP CODE ▲ |
| | | SIAIE | ZIF CODE |
| | | int Fundraising Representa | Leadership PAC Spo |
| Connected Pesignated Agent: Identify Full Name | d Organization Affiliated Committee X Jo | int Fundraising Representa | Leadership PAC Spo |
| Connecter connec | d Organization Affiliated Committee X Jo | int Fundraising Representa | Leadership PAC Spo |
| Connected Pesignated Agent: Identify Full Name | d Organization Affiliated Committee X Jo | int Fundraising Representa | Leadership PAC Spo |
| Connected Pesignated Agent: Identify Full Name | d Organization Affiliated Committee X Jo | | |
| Connected Pesignated Agent: Identify Full Name | d Organization Affiliated Committee X Jo y by name, address (phone number – optional) | int Fundraising Representa | Leadership PAC Spo |
| resignated Agent: Identify Full Name Mailing Address | Affiliated Committee X Jo y by name, address (phone number – optional) CITY | | |
| resignated Agent: Identify Full Name Mailing Address TITLE OR POSITION | Affiliated Committee X Jo y by name, address (phone number – optional) CITY ries: List all banks or other depositories in which aintains funds. | STATE A Telephone Number | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION Fanks or Other Depositor afety deposit boxes or mail and of Bank, depository, etc. | Affiliated Committee X Jo y by name, address (phone number – optional) CITY ries: List all banks or other depositories in which aintains funds. | STATE A Telephone Number | ZIP CODE A |

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| h). Joint Fundraisi | ng Participant: | | |
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| 1 | | FEC ID number | С |
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| 3. | | FEC ID number | C |
| 4. | | FEC ID number | С |
| - | Organization, Affiliated Committee, Joint Fund | raising Representative | e, or Leadership PAC Spons |
| | | | |
| | | | |
| Mailing Address | 228 S. WASHINGTON STREET | | |
| | SUITE 115 | | <u> </u> |
| | ALEXANDRIA | VA | 22314 |
| Relationship: | CITY A | STATE ▲ | ZIP CODE ▲ |
| esignated Agent: Identi | y by name, address (phone number – optional) | | |
| esignated Agent: Identi | 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) | | |
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| Full Name | CITY A | STATE A | ZIP CODE A |
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| lame of A | Any Connected (| Organization, Affilia | ted Committee, Joint | Fundraising Rep | resentative | e, or Leadership PAC Spor |
| BROW | N FOR NV SEI | NATE REPUBLICA | AN NOMINEE FUND | 0 2024 | | |
| | | | | | | |
| Maili | ng Address | PO BOX 9891 | | | | |
| | | | | | | |
| | | ARLINGTON | | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | 22219 |
| Relat | tionship: | | CITY A | | STATE A | ZIP CODE ▲ |
| esignated | | | phone number – option | Joint Fundraising | Representa | ative Leadership PAC S |
| esignate Full Na | d Agent: Identify | | | | Representa | Leadership PAC S |
| Full Na | d Agent: Identify | | | | Representa | Leadership PAC S |
| Full Na | d Agent: Identify | | | | Representa | Leadership PAC S |
| Full Na | d Agent: Identify | | | | Representa | Leadership PAC S |
| Full Na | d Agent: Identify | by name, address (| | nal) | Representa | Leadership PAC S |

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| 4. | | | FEC ID num | nber C | |
| lame of Any Conne | ected Organization | , Affiliated Committee, Joint I | Fundraising Represe | ntative, o | or Leadership PAC Spon |
| CORNYN VICTO | DRY COMMITTEI | | | | |
| | | | | | |
| Mailing Address | PO Box 13 | 026 | | | |
| | | | | | |
| | Austin | | | X | 78711 |
| | | OITV A | CTV. | TE 🛦 | ZIP CODE ▲ |
| | nected Organization | CITY ▲ Affiliated Committee dress (phone number – option | Joint Fundraising Repo | | e Leadership PAC Sp |
| Conr | | Affiliated Committee X | Joint Fundraising Repo | | Leadership PAC Sp |
| Conresignated Agent: Id | | Affiliated Committee X | Joint Fundraising Repo | | Leadership PAC Sp |
| esignated Agent: Id | | Affiliated Committee X | Joint Fundraising Repo | | Leadership PAC Sp |
| esignated Agent: Id | | Affiliated Committee X | Joint Fundraising Repo | resentative | |
| Connection Connectic Connection Connection Connection Connection Connection Connectica Connection C | dentify by name, ad | Affiliated Committee X | Joint Fundraising Repo | resentative | Leadership PAC Sp |

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| Page | of | 10 | |

| 1. | nising Participant: | | |
|-----------------|---|-----------------------------|----------------------------|
| | | FEC ID number | С |
| 2. | | FEC ID number | С |
| 3. | | FEC ID number | С |
| 4. | | FEC ID number | С |
| | | | |
| - | eted Organization, Affiliated Committee, Join | t Fundraising Representativ | e, or Leadership PAC Spons |
| TILLIS AND COL | LEAGUES VICTORY COMMITTEE | | |
| | | | |
| Mailing Address | 228 S. WASHINGTON STREET | | |
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| | ALEXANDRIA | , , VA , | , 22314 |
| Relationship: | CITY ▲ | STATE A | ZIP CODE ▲ |
| riciationship. | GITT Z | SIAIE | ZIF CODE |
| Full Name | 1 | | |
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| Mailing Address | ı | | |
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| h). Joint Fundraisi r | ng Participant: | | |
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| 1. | | FEC ID number | С |
| 2. | | FEC ID number | С |
| 3. | | FEC ID number | С |
| 4 | | FEC ID number | C |
| lame of Any Connected | Organization, Affiliated Committee, Joint Fu | ndraising Representativ | e, or Leadership PAC Spons |
| | | | |
| | | | |
| Mailing Address | 3275 NORTH FORT APACHE ROAD | | |
| | 150 | | |
| | LAS VEGAS | NV | 89129 |
| Relationship: | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| | d Organization | oint Fundraising Represent | ative Leadership PAC Sp |
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| esignated Agent: Identif | | | ative Leadership PAC Sp |
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| esignated Agent: Identif Full Name | y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whaintains funds. | STATE A Telephone Number | ZIP CODE A |
| esignated Agent: Identification Full Name | y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whaintains funds. | STATE A Telephone Number | ZIP CODE A |

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| FRIENDS OF KENNEDY Mailing Address Relationship: Connected Org | anization, Affiliated Committee, Joi 337 NORTH HULLEN ST. SUITE 301 METAIRIE CITY anization Affiliated Committee name, address (phone number – opi | FEC | LA STATE A | 70002 ZIF | PAC Spons CODE A Pership PAC Sp |
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| 3. 4. Name of Any Connected Organ FRIENDS OF KENNEDY Mailing Address Relationship: Connected Organ Connecte | 337 NORTH HULLEN ST. SUITE 301 METAIRIE CITY anization Affiliated Committee | FEC | C ID number C ID number Representativ | C C e, or Leadership | CODE A |
| A. Connected Organ FRIENDS OF KENNEDY Mailing Address Relationship: Connected Organ Connect | 337 NORTH HULLEN ST. SUITE 301 METAIRIE CITY anization Affiliated Committee | int Fundraising I | Representativ | e, or Leadership | CODE A |
| FRIENDS OF KENNEDY Mailing Address Relationship: Connected Organization Connected Organization Connected Organization | 337 NORTH HULLEN ST. SUITE 301 METAIRIE CITY anization Affiliated Committee | X Joint Fundrais | Representativ | e, or Leadership | CODE A |
| FRIENDS OF KENNEDY Mailing Address Relationship: Connected Organization Connected Organization Connected Organization | 337 NORTH HULLEN ST. SUITE 301 METAIRIE CITY anization Affiliated Committee | X Joint Fundrais | LA STATE A | 70002 ZIF | CODE A |
| Mailing Address Relationship: Connected Org | SUITE 301 METAIRIE CITY anization Affiliated Committee | | | ZIF | |
| Relationship: Connected Org | SUITE 301 METAIRIE CITY anization Affiliated Committee | | | ZIF | |
| Mailing Address Relationship: Connected Orgensignated Agent: Identify by | SUITE 301 METAIRIE CITY anization Affiliated Committee | | | ZIF | |
| Relationship: Connected Orgensesignated Agent: Identify by | METAIRIE CITY ▲ anization Affiliated Committee | | | ZIF | |
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| Connected Org | anization Affiliated Committee | | | | |
| esignated Agent: Identify by | _ | | sing Represent | ative Leade | ership PAC Sp |
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| Banks or Other Depositories: afety deposit boxes or maintai lame of Bank, Depository, etc. | | in which the com | | | |
| Mailing Address | | | | | |
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| h). Joint Fundraisir | ig Participant. | | |
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| 2. | | FEC ID number | С |
| 3. | | FEC ID number | С |
| 4. | | FEC ID number | С |
| | | • | |
| ROAD TO VICTORY | Organization, Affiliated Committee, Joint Fu | ndraising Representativ | e, or Leadership PAC Spons |
| | | | |
| Mailing Address | 421 OFFICE PARK DRIVE | | |
| | | | |
| | MOUNTAIN BROOK | AL L | 35223 |
| Relationship: | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| Connecte | d Organization | oint Fundraising Represent | ative Leadership PAC Sp |
| Connecte | | | ative Leadership PAC Sp |
| Connecte esignated Agent: Identif | | | ative Leadership PAC Sp |
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| esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION | y by name, address (phone number – optional | | |
| esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION | y by name, address (phone number – optional CITY A CITY A ries: List all banks or other depositories in whaintains funds. | STATE A Telephone Number | ZIP CODE A |
| esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mailing and agent agen | y by name, address (phone number – optional CITY A CITY A ries: List all banks or other depositories in whaintains funds. | STATE A Telephone Number | ZIP CODE A ts funds, holds accounts, rent |
| esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Depositor defety deposit boxes or mail arms of Bank, | y by name, address (phone number – optional CITY A CITY A ries: List all banks or other depositories in whaintains funds. | STATE A Telephone Number ich the committee deposit | ZIP CODE A ts funds, holds accounts, rent |

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| - | | ted Committee, Joint | Fundraising Rep | resentative | e, or Leadership PAC Sp | ons |
| IN/ROGERS VIC | JIORY FUND | | | | | |
| | | | | | | |
| ing Address | 3275 North Fort Ap | pache Road | | | | |
| | 150 | | | | | |
| | Las Vegas | | 1 | NV | 89129 | |
| tionship: | | CITY A | | STATE A | ZIP CODE 4 | <u> </u> |
| ame | | | | | | |
| g Address | | | | | | |
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| OR POSITION 1 | ▼ | CITY ▲ | ; | STATE A | ZIP CODE ▲ | |
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| | ng Address tionship: Connected d Agent: Identify ame | M/ROGERS VICTORY FUND 3275 North Fort Ap 150 Las Vegas tionship: Connected Organization A d Agent: Identify by name, address (| M/ROGERS VICTORY FUND 3275 North Fort Apache Road | M/ROGERS VICTORY FUND 3275 North Fort Apache Road 150 Las Vegas tionship: CITY Connected Organization Affiliated Committee X Joint Fundraising d Agent: Identify by name, address (phone number – optional) ame | M/ROGERS VICTORY FUND 3275 North Fort Apache Road 150 Las Vegas CITY A STATE A G Address CITY A STATE A CONNected Organization Affiliated Committee Affiliated Committee STATE A CITY A STATE A | ng Address 3275 North Fort Apache Road 150 |