FEC FORM 1	STATEMENT OF ORGANIZATION	PAGE 1 / 10
1. NAME OF COMMITTEE (in full)	(Check if name Example: If typing, type is changed) over the lines.	12FE4M5
Texans for Senat	or John Cornyn Inc.	
ADDRESS (number and street)	PO Box 13026	
(Check if address is changed)		
is changed)	Austin	TX   78711  -
	CITY	STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL ADD	RESS	
<ul><li>(Check if address is changed)</li></ul>	salpurpura2010@gmail.com	
	Optional Second E-Mail Address	
COMMITTEE'S WEB PAGE / (Check if address is changed)	ADDRESS (URL)	
2. DATE 05 /	D D / Y Y Y Y 18 2024	
3. FEC IDENTIFICATION	NUMBER ► C C00369033	
4. IS THIS STATEMENT	NEW (N) OR × AMENDED (A)	
I certify that I have examined	d this Statement and to the best of my knowledge and belief i	t is true, correct and complete.
Tuno or Drint Nome of Trans		
Type or Print Name of Treas	urer Cammack, Kerry, N., ,	
Signature of Treasurer Ca	ammack, Kerry, N., ,	Date 05 18 2024
NOTE: Submission of false, en	roneous, or incomplete information may subject the person signing ANY CHANGE IN INFORMATION SHOULD BE REPORTED	
Office Use Only	For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	

FEC Form 1 (Revised 03/2022) Page 2 TYPE OF COMMITTEE: 5. Candidate Committee: This committee is a principal campaign committee. (Complete the candidate information below.) (a) X This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate (b) information below.) Name of Cornyn, John, , Sen, Candidate State ТΧ Candidate Office REP Х Senate House President Party Affiliation Sought: District (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (National, State (Democratic, (d) This committee is a Republican, etc.) Party or subordinate) committee of the **Political Action Committee (PAC):** This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a: (e) Corporation w/o Capital Stock Labor Organization Corporation 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.
 (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
 Committees Participating in Joint Fundraiser
 2.

FEC Form 1 (Revised 02/2009)	Page <b>3</b>

Write or Type Committee Name

## Texans for Senator John Cornyn Inc.

6.	Name of Any Connected Or	ganization, Affiliated	Committee,	Joint F	undraisin	g Representat	ive, or Lea	dership PAC S	ponsor
	CORNYN MAJORITY	TEXAS		1 1					
	Mailing Address	228 S WASHINGTON	ST.						
		STE. 115							
							223	14	
			CITY 🔺			STATE		ZIP CODE	
	Relationship: Connected	Organization Affilia	ted Organizatio	on X	Joint Fur	ndraising Repre	sentative	Leadership F	PAC Sponso

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, A, MR.,
Full Name	
Mailing Address	478 STIRLING BRIDGE DRIVE
	ORMOND BEACH         FL         32174
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
ASSISTANT TREASURER	Image:

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	CAMMACK, KERRY, , MR.,		
Mailing Address	PO BOX 13026		
		TX 78711	
	CITY ▲	STATE 🔺	ZIP CODE
Title or Position	•		
		Telephone number	668   -   <u>1993</u>

FEC Form 1 (Revised 02	2/2009)	Page <b>4</b>
Full Name of Designated Agent		
Mailing Address		
	CITY A STATE A	ZIP CODE
Title or Position ▼		
	Telephone number	

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

	BB&T		
Mailing Address	1909 K Street NW		
	Washington	DC 20006	
	CITY ▲	STATE A	ZIP CODE
Name of Bank, [	Depository, etc.		
Mailing Address	2234 W Broad St		
		GA 30306	
		STATE A	ZIP CODE

5(g) or (h	n). Joint Fundraising	g Participant:				
	1.			FEC ID	number	С
	2.			FEC ID	number	С
	3.			FEC ID	number	С
	4.			FEC ID	number	C
6. <b>Na</b>	ame of Any Connected	Organization, Affiliated	d Committee, Joint Fun	draising Rep	resentative	, or Leadership PAC Sponsor
L						
L						
	Mailing Address	PO Box 13026				
		Austin				78711
	Relationship:		CITY A		STATE 🔺	ZIP CODE
8. <b>De</b>	Connected			nt Fundraising	Representa	tive Leadership PAC Sponsor
	Full Name					
	Mailing Address					
	Mailing Address					
	Mailing Address					
	Mailing Address	▼		Telephone Nu		ZIP CODE ▲
saf Na	TITLE OR POSITION	ies: List all banks or o ntains funds. BRIDGE BANK		Telephone Nu	mber	ZIP CODE ▲ – L – L – L – L s funds, holds accounts, rents
saf Na	TITLE OR POSITION	ies: List all banks or on tains funds.		Telephone Nu	mber	
saf Na	TITLE OR POSITION	ies: List all banks or o ntains funds. BRIDGE BANK		Telephone Nu	ee deposits	– [ – [ – [
saf Na	TITLE OR POSITION	ies: List all banks or o ntains funds. BRIDGE BANK		Telephone Nu	mber	

1.			
		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fundra	aising Representativ	ve, or Leadership PAC Sponsor
FRIENDS OF JOHN			
Mailing Address	PO BOX 60148		
	WASHINGTON		20039
		L STATE ▲	
Relationship:	CITY 🔺		
Connecte	CITY A d Organization X Affiliated Committee Joint y by name, address (phone number – optional)	Fundraising Represen	tative Leadership PAC Spons
Connecte	d Organization X Affiliated Committee Joint		tative Leadership PAC Spons
Connecte esignated Agent: Identif	d Organization X Affiliated Committee Joint		tative Leadership PAC Spons
Connecte esignated Agent: Identif Full Name	d Organization X Affiliated Committee Joint		tative Leadership PAC Spons
Connecte esignated Agent: Identif Full Name	d Organization X Affiliated Committee Joint		tative Leadership PAC Spons
Connecte	Affiliated Committee Joint y by name, address (phone number – optional)		tative Leadership PAC Spons
Connecte esignated Agent: Identif Full Name	Affiliated Committee Joint y by name, address (phone number – optional)	Fundraising Represen	

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5(g) or (h).	Joint Fundraising	Participant:		
1	<b>I.</b>		FEC ID number	С
2	2.		FEC ID number	C
3	3.		FEC ID number	С
2	4.		FEC ID number	C
6. <b>Nam</b>	ne of Any Connected C	Organization, Affiliated Committee, Joint Fundr	aising Representative	, or Leadership PAC Sponsor
		′ FUND		
	Mailing Address	PO BOX 13026		
			ТХ	78711
	Relationship:		STATE A	ZIP CODE
	Connected	Organization Affiliated Committee X Joint	Fundraising Representa	tive Leadership PAC Sponsor
8. <b>Desi</b>	ignated Agent: Identify	by name, address (phone number - optional)		
	ignated Agent: Identify Full Name	by name, address (phone number - optional)		
I		by name, address (phone number - optional)		
I	Full Name	by name, address (phone number - optional)		
I	Full Name	by name, address (phone number - optional)		
I	Full Name			
I	Full Name			
I	Full Name		Iephone Number	
9. <b>Ban</b> l	Full Name		lephone Number	
9. <b>Ban</b> l safet	Full Name		lephone Number	
9. <b>Ban</b> l safet	Full Name		lephone Number	
9. <b>Ban</b> l safet	Full Name          Mailing Address         TITLE OR POSITION         ks or Other Depositori         ty deposit boxes or main         ne of Bank,         ository, etc.		lephone Number	
9. <b>Ban</b> l safet	Full Name          Mailing Address         TITLE OR POSITION         ks or Other Depositori         ty deposit boxes or main         ne of Bank,         ository, etc.		lephone Number	

1.								
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2.				FE	C ID number	С		
3.					C ID number	С		
4.				 _   FE	C ID number	С		
4.								
Name of	f Any Connected C	Drganization, Aff	iliated Committee, Join	t Fundraising	Representativ	e, or Lead	ership PA	C Spons
Repu	ublican Senate Pro	oblem Solvers I	Funds					
Ma	ailing Address	824 S Milledge	Ave Ste 101					
		Athens			I GA I	3060	5 1	
Re	elationship:				J L⊥_J STATE ▲			
110		_		_	ising Represent		211 00	
-		by name, addres	s (phone number – optio	onal)				
Full	Name	by name, addres	s (phone number – optic	onal)	1 1 1 1 1			
Full		by name, addres	s (phone number – optic	onal)				
Full	Name	by name, addres	s (phone number – optic	onal)				
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5(g) or (	(h). Joint Fundraising	g Participant:		
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	3.		FEC ID number	С
	4.		FEC ID number	С
6. N	-	Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
	L			
	Mailing Address	PO BOX 60148		
				20039
	Relationship:	CITY 🔺	STATE A	ZIP CODE
	Connected	Organization Affiliated Committee X Joint	Fundraising Representa	tive Leadership PAC Sponsor
8. D	esignated Agent: Identify	by name, address (phone number - optional)		
8. <b>D</b>	Full Name	by name, address (phone number - optional)		
8. D		by name, address (phone number - optional)		
8. D	Full Name	by name, address (phone number - optional)		
8. D	Full Name	by name, address (phone number - optional)		
8. D	Full Name			
8. D	Full Name			· · · · · · · · · · · · · · · · · · ·
9. <b>B</b>	Full Name		ephone Number	
9. <b>B</b> Sa N	Full Name Mailing Address TITLE OR POSITION		ephone Number	
9. <b>B</b> Sa N	Full Name Mailing Address TITLE OR POSITION	CITY A	ephone Number	
9. <b>B</b> Sa N	Full Name          Mailing Address         TITLE OR POSITION            Hanks or Other Depositor         afety deposit boxes or ma         Jame of Bank,         Depository, etc.	CITY A	ephone Number	
9. <b>B</b> Sa N	Full Name          Mailing Address         TITLE OR POSITION            Hanks or Other Depositor         afety deposit boxes or ma         Jame of Bank,         Depository, etc.	CITY A	ephone Number	

i(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	С
2.			FEC ID number	C
3.			FEC ID number	С
4. [			FEC ID number	С
	of Any Connected C	Organization, Affiliated Committee, Joint Fundrai	sing Representativ	e, or Leadership PAC Sponsor
<u> </u>	Mailing Address	228 S WASHINGTON ST.		
I.	Maining Address	STE. 115		
F	Relationship:		STATE A	ZIP CODE
B. Design	nated Agent: Identify	by name, address (phone number – optional)		
-	nated Agent: Identify	by name, address (phone number – optional)		
Ful		by name, address (phone number – optional)		
Ful	II Name	by name, address (phone number - optional)		
Ful	II Name	by name, address (phone number - optional)		
Ful Ma	II Name			
Ful Ma	II Name			
Ful Ma TI Banks safety Name Deposi	II Name	CITY ▲ CITY ▲ Tele es: List all banks or other depositories in which the ntains funds.	phone Number	[[
Ful Ma TI Banks safety Name Deposi	II Name	CITY ▲ CITY ▲ Tele es: List all banks or other depositories in which the ntains funds.	ephone Number	[[
Ful Ma TI Banks safety Name Deposi	II Name	CITY ▲ CITY ▲ Tele es: List all banks or other depositories in which the ntains funds.	ephone Number	[[