

FEC  
FORM 1STATEMENT OF  
ORGANIZATION

Office Use Only

1. NAME OF  
COMMITTEE (in full)  (Check if name  
is changed) Example: If typing, type  
over the lines.

12FE4M5

HUSTED FOR SENATE

ADDRESS (number and street)  (Check if address  
is changed)

PO BOX 6290

COLUMBUS

CITY ▲

OH

43206

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

 (Check if address  
is changed)

KEVIN@BROGHAMERLLC.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

 (Check if address  
is changed)

WWW.JONHUSTED.COM

2. DATE

M M / D D / Y Y Y Y  
01 / 08 / 2026

3. FEC IDENTIFICATION NUMBER ►

C C00896019

4. 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 BROGHAMER, KEVIN, , ,

Signature of Treasurer

BROGHAMER, KEVIN, , ,

Date

M M / D D / Y Y Y Y  
01 / 08 / 2026NOTE: 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  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100FEC FORM 1  
(Revised 06/2012)



Write or Type Committee Name

**HUSTED FOR SENATE****6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor****FRIENDS OF KENNEDY**

Mailing Address

3337 NORTH HULLEN ST.

SUITE 301

METAIRIE

LA

70002

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:  Connected Organization  Affiliated Organization  Joint Fundraising Representative  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.

Full Name

BROGHAMER, KEVIN, , ,

Mailing Address

PO BOX 6290

COLUMBUS

OH

43206

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

TREASURER

Telephone number

**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

BROGHAMER, KEVIN, , ,

Mailing Address

PO BOX 6290

COLUMBUS

OH

43206

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

TREASURER

Telephone number

Full Name of  
Designated  
Agent

BROGHAMER, KEVIN, , ,

Mailing Address

PO BOX 6290

COLUMBUS

OH

43206

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

TREASURER

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.

CHAIN BRIDGE BANK

Mailing Address

1445-A LAUGHLIN AVE

MCLEAN

VA

22101

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

BANK PLUS

Mailing Address

385A HIGHLAND COLONY PKWY

RIDGELAND

MS

39157

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

|               |               |
|---------------|---------------|
| 1. [REDACTED] | FEC ID number |
| 2. [REDACTED] | FEC ID number |
| 3. [REDACTED] | FEC ID number |
| 4. [REDACTED] | FEC ID number |

|              |
|--------------|
| C [REDACTED] |
| C [REDACTED] |
| C [REDACTED] |
| C [REDACTED] |

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

ONE TEAM SENATE MAJORITY

|            |
|------------|
| [REDACTED] |
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|            |
|------------|
| [REDACTED] |
|------------|

Mailing Address

421 OFFICE PARK DRIVE

|            |
|------------|
| [REDACTED] |
|------------|

|            |
|------------|
| [REDACTED] |
|------------|

MOUNTAIN BROOK

AL

35223

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

|   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Connected Organization | <input type="checkbox"/> Affiliated Committee | <input checked="" type="checkbox"/> Joint Fundraising Representative | <input type="checkbox"/> Leadership PAC Sponsor |
|---|---|--|---|

8. **Designated Agent:** Identify by name, address (phone number – optional)

|           |            |
|-----------|------------|
| Full Name | [REDACTED] |
|-----------|------------|

|                 |            |
|-----------------|------------|
| Mailing Address | [REDACTED] |
|-----------------|------------|

|            |
|------------|
| [REDACTED] |
|------------|

|            |
|------------|
| [REDACTED] |
|------------|

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

|            |                  |                                  |
|------------|------------------|----------------------------------|
| [REDACTED] | Telephone Number | [REDACTED]-[REDACTED]-[REDACTED] |
|------------|------------------|----------------------------------|

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,<br>Depository, etc. | [REDACTED] |
|-----------------------------------|------------|

|                 |            |
|-----------------|------------|
| Mailing Address | [REDACTED] |
|-----------------|------------|

|            |
|------------|
| [REDACTED] |
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|            |
|------------|
| [REDACTED] |
|------------|

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

FEC ID number  
C  
C  
C  
C

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

TEAM HUSTED

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address

PO BOX 6290

\_\_\_\_\_  
\_\_\_\_\_

COLUMBUS

OH

43206

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

Connected Organization    Affiliated Committee    Joint Fundraising Representative    Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

\_\_\_\_\_  
\_\_\_\_\_

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. \_\_\_\_\_Mailing Address \_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

|                         |               |
|-------------------------|---------------|
| 1. <input type="text"/> | FEC ID number |
| 2. <input type="text"/> | FEC ID number |
| 3. <input type="text"/> | FEC ID number |
| 4. <input type="text"/> | FEC ID number |

|                        |
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| C <input type="text"/> |

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

KEEP THE SENATE

|                      |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |

Mailing Address

421 OFFICE PARK DR

|                      |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |

MOUNTAIN BROOK

AL

35223

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

 Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor8. **Designated Agent:** Identify by name, address (phone number – optional)Full Name Mailing Address 

|                      |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

 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. Mailing Address 

|                      |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

|               |               |
|---------------|---------------|
| 1. [REDACTED] | FEC ID number |
| 2. [REDACTED] | FEC ID number |
| 3. [REDACTED] | FEC ID number |
| 4. [REDACTED] | FEC ID number |

|              |
|--------------|
| C [REDACTED] |
| C [REDACTED] |
| C [REDACTED] |
| C [REDACTED] |

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

KEEP THE SENATE RED 2026

|            |
|------------|
| [REDACTED] |
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|            |
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| [REDACTED] |
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Mailing Address

PO BOX 130708

|            |
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| [REDACTED] |
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| [REDACTED] |
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TAMPA

FL

33681

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

 Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor8. **Designated Agent:** Identify by name, address (phone number – optional)

|                      |
|----------------------|
| Full Name [REDACTED] |
|----------------------|

|                            |
|----------------------------|
| Mailing Address [REDACTED] |
|----------------------------|

|            |
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| [REDACTED] |
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| [REDACTED] |
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TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

|            |
|------------|
| [REDACTED] |
|------------|

Telephone Number [REDACTED]-[REDACTED]-[REDACTED]

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, [REDACTED]<br>Depository, etc. [REDACTED] |
|---|

|                            |
|----------------------------|
| Mailing Address [REDACTED] |
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|------------|
| [REDACTED] |
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|            |
|------------|
| [REDACTED] |
|------------|

CITY ▲

STATE ▲

ZIP CODE ▲