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STATEMEN ⁻	T OF
ORGANIZA	ΓΙΟΝ

FEC FORM 1		STATEME ORGANIZ		o	PAGE 1 / 9
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Scott Baugh	for Cor	ngress			
ADDRESS (number an	d street)	4040 Macarthur Boulevard			
(Check if a is changed		Suite 200			
is changed	,	Newport Beach CITY ▲		CA 920 STATE ▲	660
COMMITTEE'S E-MA	IL ADDRES	SS			
(Check if a is changed		kellylawler@thekalgroup.c	com		
		Optional Second E-Mail A	ddress		
COMMITTEE'S WEB	ddress	DRESS (URL)			
2. DATE 07	M / D 09	D / Y Y Y Y 2024			
3. FEC IDENTIFIC	ATION NU	MBER ► C	C00798322		
4. IS THIS STATEM	ENT	NEW (N) OR	× AMENDED (A)		
I certify that I have ex	kamined thi	is Statement and to the bes	st of my knowledge and belief	f it is true, correct and	d complete.
Type or Print Name o	f Treasurer	Lawler, Kelly, , Mrs.,			
Signature of Treasure	r Lawle	r, Kelly, , Mrs.,		Date 07	/ D D / Y Y Y Y Y 09 2024
NOTE: Submission of f	alse, errone		n may subject the person signin IATION SHOULD BE REPORTE	-	penalties of 52 U.S.C. §30109
Office Use Only			For further information Federal Election Comm Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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 Baugh, Scott, , , Candidate State CA Candidate Office REP House Senate President Party Affiliation Sought: District 47 (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 or subordinate) committee of the Republican, etc.) Party **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).

(h) In addition, this committee is a Lobbyist/Registrant PAC.
 (h) In addition, this 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
 1.
 2.

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	FEC Form 1 (Revised 02/2009)	Page	e 3	
٧	Write or Type Committee Name			
	Scott Baugh for Congress			
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership I	PAC	Spor	nsor
	Team Baugh 2024			

Mailing Address	228 S Washington St	
	Ste 115	
	Alexandria VA 22314 - - -	
	CITY ▲ STATE ▲ ZIP CODE ▲	
Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Representative Leadership PAC Spons	or

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

Lawler, Kel	lly, , Mrs.,
Full Name	
Mailing Address	9460 Tegner Road
	L
	Hilmar CA 95324 - - -
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Record Keeper	Telephone number 209 - 656 - 1542

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	Lawler, Kelly, , Mrs.,
Mailing Address	9460 Tegner Road
	Hilmar CA 95324 Image:
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	7
Treasurer	Image:

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	ΤY										5	ST/	ΑΤΕ				Z	IP (ЭE			
Title or Position ▼																																
															-	Tele	eph	one	e n	umt	ber				- [

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.

L	Tri Counties Bank		
Mailing Address	2001 Geer Road		
			2
	CITY 🔺	STATE A	ZIP CODE ▲
Name of Bank, De	epository, etc.		
l	Chain Bridge Bank		
Mailing Address	1445-A Laughlin		
	McLean 		
	CITY 🔺	STATE A	ZIP CODE

5(g) or (h). Joint Fundraising	Participant:	
	1.		FEC ID number C
	2.		FEC ID number C
	3.		FEC ID number C
	4		FEC ID number
6. Na	me of Any Connected (Organization Affiliated Committee Joint Fundra	ising Representative, or Leadership PAC Sponsor
	Scalise Leadership Fu		
L			
L			
	Mailing Address	320 1st St SE	
		Washington	
	Relationship:	CITY 🔺	STATE ▲ ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint H	Fundraising Representative
8. De s	signated Agent: Identify	by name, address (phone number - optional)	
	Mailing Address	1	
	-		
	TITLE OR POSITION		STATE A ZIP CODE A
			ephone Number
saf Na	ety deposit boxes or mai me of Bank, pository, etc.		ne committee deposits funds, holds accounts, rents
	Mailing Address		
I			STATE A ZIP CODE A

(h). Joint Fundraisi	5		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
lame of Any Connected	Organization, Affiliated Committee, Joint Fund	aising Representative	e, or Leadership PAC Sponsor
Jordan Baugh Victor	y Committee		
	1 502 6th Street		
Mailing Address			
	Hudson	WI	54016
Relationship:		STATE 🔺	ZIP CODE 🔺
	ed Organization Affiliated Committee X Joint fy by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC Spons
		Fundraising Representa	Leadership PAC Spons
Designated Agent: Identi		Fundraising Representa	Leadership PAC Spons
Designated Agent: Identi Full Name		Fundraising Representa	Leadership PAC Spons
Designated Agent: Identi Full Name		Fundraising Representa	Leadership PAC Spons
Designated Agent: Identi Full Name	fy by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Spons
Designated Agent: Identi Full Name	fy by name, address (phone number – optional)		
Designated Agent: Identi Full Name	fy by name, address (phone number – optional)		
Designated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional)	STATE	
Designated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional)	STATE	
Designated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional)	STATE	
Designated Agent: Identi Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or m Jame of Bank,	fy by name, address (phone number – optional)	STATE	
Designated Agent: Identi Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or m Jame of Bank, Depository, etc	fy by name, address (phone number – optional)	STATE	
Designated Agent: Identi Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or m Jame of Bank, Depository, etc	fy by name, address (phone number – optional)	STATE	

5(g) oi	r(h). Joint Fundraisin	g Participant:	
	1		FEC ID number
	2.		FEC ID number
	3.		FEC ID number
	4.		FEC ID number
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	ising Representative, or Leadership PAC Sponsor
	Protect the House Ca	lifornia 2024	
	Mailing Address	PO Box 30844	
		Bethesda	MD 20824
	Relationship:		STATE A ZIP CODE A
	Connected	d Organization	Fundraising Representative
-			
8.	Designated Agent: Identify	y by name, address (phone number - optional)	
8.	Designated Agent: Identify	y by name, address (phone number - optional)	
8.		y by name, address (phone number – optional)	
8.	Full Name	y by name, address (phone number – optional)	
8.	Full Name	y by name, address (phone number – optional)	
8.	Full Name		
8.	Full Name		
8.	Full Name		
_	Full Name		ephone Number
9.	Full Name		
9.	Full Name Mailing Address TITLE OR POSITION		ephone Number
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or ma Name of Bank,		ephone Number
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or main Name of Bank, Depository, etc.		ephone Number
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or main Name of Bank, Depository, etc.		ephone Number

L

		g Participant:				
1. [FE	C ID number	С
2.				FE	C ID number	С
3.				FE	C ID number	C
4.				FE	C ID number	C
. Name o	of Any Connected (Organization, Af	ffiliated Committee, Joi	nt Fundraising	Representativ	e, or Leadership PAC Sponsor
Grov	w the Majority					
M	lailing Address	228 S Washing	gton St Ste 115			
		Alexandria				22314
R	elationship:				STATE ▲	
	Connected	Organization	Affiliated Committee	× Joint Fundra	ising Represent	ative Leadership PAC Sponsor
				_		
. Designa	ated Agent: Identify	by name, addre	ess (phone number – op	tional)		
Full	Name					
	Name	1				
Mai	iling Address					
Mai		<pre></pre>			1	· · · · · · · · · · · · · · · · · · ·
Mai	iling Address	<pre></pre>			STATE A	· · · · · · · · · · · · · · · · · · ·
Mai	iling Address	<pre></pre>	CITY		1	· · · · · · · · · · · · · · · · · · ·
Mai TIT L	Iling Address	ies: List all bank		Telephon	e Number	
Mai TIT Banks safety c	TLE OR POSITION	ies: List all bank		Telephon	e Number	
Mai TIT Banks safety c Name c	TLE OR POSITION	ies: List all bank		Telephon	e Number	
Mai TIT Banks safety c Name c Deposit	Iling Address	ies: List all bank		Telephon	e Number	
Mai TIT Banks safety c Name c Deposit	TLE OR POSITION	ies: List all bank		Telephon	e Number	
Mai TIT Banks safety c Name c Deposit	TLE OR POSITION	ies: List all bank		Telephon	e Number	

or(h). Joint Fundrais	ng Participant:			
1.		FEC ID numb	ber C	
2.		FEC ID numb	ber C	
3.		FEC ID numb	ber C	
4.		FEC ID numb	ber C	
··· L · · · · · · · ·				
Name of Any Connected	d Organization, Affiliated Committee, Joint	Fundraising Represent	ative, or Leadershi	o PAC Sponsor
Grow the Majority C	A			
Mailing Address	228 S Washington St Ste 115			
	1			
	Alexandria		22314	
Relationship:		STAT	E A ZIF	P CODE A
Connect	ed Organization Affiliated Committee	Joint Fundraising Repre	sentative Leade	ership PAC Spons
Connect				ership PAC Spons
Designated Agent: Ident				PAC Sponse
Designated Agent: Ident			Sentative Leade	PAC Spons
Designated Agent: Ident			sentative Leade	PAC Spons
Connect	ify by name, address (phone number – optio			PAC Sponse
Connect Connec	ify by name, address (phone number – optio	nal)		
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