FEC

Only

STATEMENT OF

PAGE 1/6 •

ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) 406 PAC PO BOX 4907 ADDRESS (number and street) (Check if address is changed) **HELENA** 59604 MT CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address COMPLIANCE@RIGHTSIDECOMPLIANCE.COM is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00764431 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 HOBBS, CABELL, , HOBBS, CABELL, , , Date Signature of Treasurer 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

| C Form 1 (| (Revised 03/2022) | Page 2 |
|-----------------------|--|------------------------|
| TYPE OF | COMMITTEE: | |
| Candidat | te Committee: | |
| (a) 1 | This committee is a principal campaign committee. (Complete the candidate information below.) | |
| 1 1 | This committee is an authorized committee, and is NOT a principal campaign committee. (Complete tinformation below.) | he candidate |
| Name of Candidat | | |
| Candidat Party Aff | | State District |
| (c) T | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Name Candid | | |
| Party Co | ommittee: | |
| - | This committee is a (National, State (Democrat | tic, n, etc.) Party |
| Political | Action Committee (PAC): | |
| (e) T | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connec | ted organization is |
| | Corporation Corporation w/o Capital Stock Labor | Organization |
| 'n | Membership Organization Trade Association Coope | _ |
| | | iauve |
| _ | In addition, this committee is a Lobbyist/Registrant PAC. | |
| | This committee supports/opposes more than one Federal candidate, and is NOT a separate segregat committee. (i.e., nonconnected committee) | ed fund or party |
| | In addition, this committee is a Lobbyist/Registrant PAC. | |
| | X In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | |
| (g) 7 | This committee is an independent expenditure-only political committee (Super PAC). | |
| (0) | In addition, this committee is a Lobbyist/Registrant PAC. | |
| (b) 7 | This committee is a political committee with both contribution and non-contribution accounts (Hybrid F | DAC) |
| (h) | | AC). |
| | In addition, this committee is a Lobbyist/Registrant PAC. | |
| Joint Fur | ndraising Representative: | |
| (i) 7 | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate. | or more political |
| (1) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate. | or more political |
| Commi | ittees Participating in Joint Fundraiser | |
| . | C | |

| | FEC Form 1 (Revised 0 | 12/2009) | Page 3 |
|----------|--|---|-----------------------|
| W | rite or Type Committee Name | | |
| | 406 PAC | | |
|). | Name of Any Connected O | rganization, Affiliated Committee, Joint Fundraising Representative, or Leader | ship PAC Sponsor |
| | | | |
| | | | |
| | Mailing Address | PO BOX 4907 | |
| | | | |
| | | HELENA MT 59604 | |
| | | CITY ▲ STATE ▲ | ZIP CODE ▲ |
| | Relationship: Connected | Organization | Leadership PAC Sponso |
| <u>.</u> | Custodian of Records: Ident books and records. | ify by name, address (phone number optional) and position of the person in possess | sion of committee |
| | HOBBS, C. | ABELL, , , | |
| | Full Name | | |
| | Mailing Address | PO BOX 4907 | |
| | | | |
| | | HELENA MT 59604- | 4907 |
| | | CITY ▲ STATE ▲ | ZIP CODE ▲ |
| | Title or Position ▼ | | |
| | TREASURER | Telephone number | |
| 3. | Treasurer: List the name and any designated agent (e.g., a | d address (phone number optional) of the treasurer of the committee; and the nassistant treasurer). | ame and address of |
| | Full Name HOBBS, C | ABELL, , , | |
| | of Treasurer | | |
| | Mailing Address | PO BOX 4907 | |
| | | | |
| | | HELENA MT 59604 | |
| | | CITY ▲ STATE ▲ | ZIP CODE ▲ |
| | Title or Position ▼ | | |
| | TREASURER | | |

| FEC Form | (Revised 02/2009) | Page 4 |
|-------------------------|---|---|
| Full Name of Designated | | . ugu i |
| Agent | | |
| Mailing Address | | |
| | | |
| | | |
| Title or Position | CITY ▲ | STATE ▲ ZIP CODE ▲ |
| | | e number |
| | Depositories: List all banks or other depositories in which the compares or maintains funds. | nmittee deposits funds, holds accounts, rents |
| Name of Bank, I | Depository, etc. | |
| | TRUIST | |
| Mailing Address | 2200 WILSON BLVD STE 100 | |
| | | |
| | ARLINGTON | VA 22201 |
| | CITY ▲ | STATE ▲ ZIP CODE ▲ |
| Name of Bank, I | Depository, etc. | |
| | | |
| Mailing Address | | |
| | | |
| | | |
| | CITY ▲ | STATE ▲ ZIP CODE ▲ |

FEC Form 1S (Revised 02/2017)

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

| | of 6 |
|------|------|
| Page | of o |

| | ng Participant: | | |
|--|--|---|---|
| 1. | | FEC ID number | С |
| 2. | | FEC ID number | C |
| 3. | | FEC ID number | С |
| 4. | | FEC ID number | C |
| | | de la | na da |
| ROSENDALE MAJO | I Organization, Affiliated Committee, Joint Fun PRITY FUND | draising Representative | e, or Leadership PAC Spon |
| | | | |
| Mailing Address | PO BOX 4907 | | |
| | | | |
| | HELENA | | 59604 |
| Relationship: | CITY A | STATE ▲ | ZIP CODE ▲ |
| | d Organization Affiliated Committee X Jo fy by name, address (phone number – optional) | int Fundraising Represent | ative Leadership PAC Sp |
| | | int Fundraising Represent | Leadership PAC Sp |
| esignated Agent: Identi | | int Fundraising Represent | ative Leadership PAC Sp |
| esignated Agent: Identi | | int Fundraising Represent | Leadership PAC Sp |
| esignated Agent: Identi | | int Fundraising Represent | Leadership PAC Sp |
| esignated Agent: Identi | fy by name, address (phone number – optional) | int Fundraising Represent | Leadership PAC Sp |
| esignated Agent: Identi Full Name Mailing Address | fy by name, address (phone number – optional) CITY | | |
| esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION | fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which anintains funds. | STATE A Telephone Number | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or mame of Bank, | fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which anintains funds. | STATE A Telephone Number | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc. | fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which anintains funds. | STATE A Telephone Number | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc. | fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which anintains funds. | STATE A Telephone Number | ZIP CODE A |

FEC Form 1S (Revised 02/2017)

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

| Pago | of ⁶ | |
|------|-----------------|--|
| Page | 01 | |

| (h). Joint Fundraising | Participant: | | |
|---------------------------------------|--|----------------------------|------------------------------|
| 1. | | FEC ID number | С |
| 2 | | FEC ID number | C |
| 3. | | FEC ID number | С |
| 4. | | FEC ID number | C |
| | | | |
| Name of Any Connected | Organization, Affiliated Committee, Joint Fun | draising Representative | e, or Leadership PAC Sponsor |
| ROSENDALE VICTOR | RY FUND | | |
| | | | |
| | | | |
| Mailing Address | 1390 CHAIN BRIDGE RD #515 | | |
| | 1 | | |
| | MCLEAN | ı ı VA ı | 22101 |
| Relationship: | CITY ▲ | STATE A | ZIP CODE A |
| | | | |
| Connected Designated Agent: Identify | Organization Affiliated Committee X Jo by name, address (phone number – optional) | int Fundraising Representa | |
| | | | |
| Designated Agent: Identify | | | |
| Designated Agent: Identify Full Name | | | |
| Designated Agent: Identify Full Name | | | |
| Designated Agent: Identify Full Name | by name, address (phone number – optional) | STATE A | ZIP CODE A |
| Designated Agent: Identify Full Name | by name, address (phone number – optional) | | |