Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. MORAN FOR KANSAS PO Box 541 ADDRESS (number and street) (Check if address is changed) Belleville 66935-0541 KS CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS T GOTTSCHALK@GOTTSCHALKCPAS.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.moranforkansas.com (Check if address is changed) DATE 09 28 2022 C00458315 FEC IDENTIFICATION NUMBER > 3. X 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. GOTTSCHALK, TIMOTHY, , , Type or Print Name of Treasurer GOTTSCHALK, TIMOTHY, , , [Electronically Filed] 09 28 2022 Signature of Treasurer Date 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

Toll Free 800-424-9530 Local 202-694-1100

(Revised 06/2012)

FE	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 information below.)	candidate
	Name of Candidate Moran, Jerry, , ,	
	Candidate Party Affiliation REP Sought: House Senate President	State KS 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 NAT (National, State or subordinate) committee of the Republican, e	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:
	Corporation Corporation w/o Capital Stock Labor Org	anization
	Membership Organization Trade Association Cooperation	/e
	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 committee. (i.e., nonconnected committee)	fund or party
	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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Committees Participating in Joint Fundraiser	
	1. C	

	FEC Form 1 (Revised 0	2/2009)	Page 3
٧	Vrite or Type Committee Name		
	MORAN FOR I	KANSAS	
6.		ganization, Affiliated Committee, Joint Fundraising Representa	ative, or Leadership PAC Sponsor
	Red Victory 2022		
	Mailing Address	PO Box 183	
		Hudson	54016-0183
		CITY ▲ STAT	E ▲ ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Repre	resentative Leadership PAC Sponso
_			
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number optional) and position of the p	person in possession of committee
	GOTTSCH	ALK, TIMOTHY, , ,	
	Full Name		
	Mailing Address	PO BOX 541	
		1	
		Belleville KS	66935-0541
		CITY ▲ STAT	E ▲ ZIP CODE ▲
	Title or Position ▼	CITY STAT	ZIP CODE
	Custodian of Records	Telephone number	785 _ 527 _ 5631
8.	Treasurer: List the name and any designated agent (e.g., a	l address (phone number optional) of the treasurer of the commossistant treasurer).	nittee; and the name and address of
	Full Name GOTTSCH	ALK, TIMOTHY, , ,	
	of Treasurer		
	Mailing Address	PO BOX 541	
		Belleville	S 66935-0541 - -
		CITY ▲ STAT	E ▲ ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	785 - 527 - 5631

F	EC Form 1	(Revised 02/2009)	Page 4
	lame of nated	GOTTSCHALK, TIMOTHY, , ,	
Mailin	ng Address	PO BOX 541	
		Belleville KS	66935-0541
		CITY ▲ STAT	E ▲ ZIP CODE ▲
	or Position \		705 507 5004
Desi	gnated Agen	t Telephone number	785 - 527 - 5631
Banks safety	s or Other deposit bo	Depositories: List all banks or other depositories in which the committee deposes or maintains funds.	posits funds, holds accounts, rents
Name	of Bank, D	epository, etc.	
		Astra Bank	
Mailin	g Address	PO Box 10	
		Belleville	66935
		CITY ▲ STAT	E ▲ ZIP CODE ▲
Name	of Bank, D	epository, etc.	
		BB&T	
Mailin	g Address	1909 K Street NW	
			, , , , , , , , , , , , , , , , , l
		Washington DO	C 20006
		CITY ▲ STAT	E ▲ ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

n). Joint Fundraisin							
1.				FEC	ID number	С	
2.				FEC	ID number	C	
3.				FEC	ID number	C	
4.				FEC	ID number	С	
ame of Any Connected	_	ted Committee	e, Joint Fun	draising R	epresentativ	e, or Leaders	hip PAC Spor
Moran Victory Co	nmittee						
Mailing Address	PO Box 541						
	Belleville				L KS	66935-	
Relationship:		CITY A			STATE A		ZIP CODE A
Connected		Affiliated Committ		int Fundrais	ing Represent	ative Lea	adership PAC S
		Affiliated Committ		int Fundrais	ing Represent	ative Lea	
Connected esignated Agent: Identify		Affiliated Committ		int Fundrais	ing Represent	ative Lea	
Connected esignated Agent: Identify		Affiliated Committ		int Fundrais	ing Represent	ative Lea	
Connected esignated Agent: Identify		filiated Committ	- optional)		ing Represent		
Connected esignated Agent: Identify Full Name Mailing Address	by name, address (filiated Committ	- optional)		STATE		adership PAC S
Connected esignated Agent: Identify	by name, address (filiated Committ	- optional)		STATE A		adership PAC S
Connected esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION In the International English Proposition of Early deposit boxes or maintain arme of Bank, BB&T	by name, address (filiated Committ	- optional)	Telephone	STATE A	ZII	adership PAC S
Connected esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or ma	by name, address (filiated Committ	- optional)	Telephone	STATE A	ZII	adership PAC S
connected esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor dety deposit boxes or mail mane of Bank, BB&T epository, etc.	by name, address (filiated Committ	- optional)	Telephone	STATE A	ZII	adership PAC S

FEC Form 1S (Revised 02/2017)

5(g) c	or(h). Joint Fundraisi n	g Participant:			
	1.		FEC I	D number	C
	2.		FEC I	D number	C
	3.		FEC I	D number	C
	4.		FEC I	D number	С
6.	Name of Any Connected Cornyn Victory Co	Organization, Affiliated Committee, Join	t Fundraising Re	presentative	e, or Leadership PAC Sponsor
	Mailing Address	PO Box 13026			
		Austin		TX	78711-
	Relationship:	CITY ▲		STATE A	ZIP CODE ▲
	Connected	d Organization Affiliated Committee	✗ Joint Fundraisin	ng Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify Full Name	y by name, address (phone number – optic	onal)	1 1 1 1	
	Mailing Address				
	3				
	TITLE OR POSITION	_ CITY ▲		STATE ▲	ZIP CODE ▲
	TITLE OR POSITION	<u> </u>	Telephone N	Number	
9.	safety deposit boxes or ma	ries: List all banks or other depositories in aintains funds. ns National Bank 2115 M St	which the comm	iittee deposit	s funds, holds accounts, rents
		CITY ▲		STATE ▲	ZIP CODE A

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

1.				FEC ID numbe	r C	
2.				FEC ID numbe	r C	
				FEC ID numbe		
3.				FEC ID numbe		
4.				rec ib ilullibe	U	
ame of Any Connected	Organization, At	ffiliated Committee, Jo	oint Fundrais	ing Representa	tive, or Leadership	PAC Spor
2021 Senators CI						
Mailing Address	228 S Washing	gton St				
	Ste 115					
	Alexandria			, VA	22314-	-
Relationship:		CITY A		STATE	▲ ZIP	CODE A
Connecte	d Organization y by name, addre	Affiliated Committee		ndraising Represe	entative Leader	ship PAC S
esignated Agent: Identif				ndraising Represe	entative Leader	ship PAC S
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esignated Agent: Identif				ndraising Represe	entative Leader	ship PAC S
esignated Agent: Identif	y by name, addre	ess (phone number – o	ptional)			
esignated Agent: Identif	y by name, addre	ess (phone number – o	ptional)			
esignated Agent: Identif Full Name Mailing Address	y by name, addre	ess (phone number – o	ptional)			
Full Name	y by name, addre	ess (phone number – o	ptional) Telep	STATE A	ZIP C	-
Full Name Mailing Address TITLE OR POSITION	y by name, addre	ess (phone number – o	ptional) Telep	STATE A	ZIP C	-
esignated Agent: Identif Full Name Mailing Address	y by name, addre	ess (phone number – o	ptional) Telep	STATE A	ZIP C	-
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Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or mane of Bank, epository, etc.	y by name, addre	ess (phone number – o	ptional)	STATE A	ZIP C	-

FEC Form 1S (Revised 02/2017)

5(g)	or(h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	С
6.		Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
	Team McConnell			
		228 S Washington St		
	Mailing Address	Ste 115		
		Alexandria	VA	22314-
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	d Organization Affiliated Committee X Joint	Fundraising Representa	tive Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
8.	Designated Agent: Identify Full Name	by name, address (phone number – optional)		
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	CITY	STATE A	ZIP CODE A
8.	Full Name	CITY A	STATE A	ZIP CODE A
8.	Full Name	CITY A		ZIP CODE A
9.	Full Name Mailing Address TITLE OR POSITION	CITY CITY Te	elephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor	CITY CITY Te ries: List all banks or other depositories in which aintains funds.	elephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Astra E	CITY CITY Te ries: List all banks or other depositories in which aintains funds.	elephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main safety deposit boxes or main safety depository, etc.	CITY CITY Te ries: List all banks or other depositories in which aintains funds.	elephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main safety deposit boxes or main safety depository, etc.	CITY CITY Te ries: List all banks or other depositories in which aintains funds.	elephone Number	

FEC Form 1S (Revised 02/2017)

5(g)	or(h). Joint Fundraisin	g Participant:			
	1		FEC	ID number	C
	2.		FEC	ID number	C
	3.		FEC	ID number	С
	4.		FEC	ID number	С
6.	Name of Any Connected 2022 Senators Cl	Organization, Affiliated Committee, Joint I	Fundraising R	epresentativ	e, or Leadership PAC Sponsor
	Mailing Address	228 S Washington St			
		Ste 115			
		Alexandria		VA L	22314-
	Relationship:	CITY A		STATE ▲	ZIP CODE ▲
	Connected	d Organization Affiliated Committee	Joint Fundrais	ing Represent	ative Leadership PAC Sponsor
8.	Designated Agent: Identify Full Name	y by name, address (phone number – option	al)		
	Mailing Address				
		1	1	1 . 1	I I-I I
	TITLE OR POSITION	▼ CITY ▲		STATE ▲	ZIP CODE ▲
			Telephone	Number	
9.	safety deposit boxes or ma	ries: List all banks or other depositories in valuations funds. rs Bank & Trust PO Box 267 LaCrosse	which the com		
				KS CTATE A	7/D CODE A
1		CITY ▲		STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

5(g) c	or(h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	C
	3.		FEC ID number	C
	4		FEC ID number	С
6.	Name of Any Connected Take Back the Se	Organization, Affiliated Committee, Joint Fundrai	sing Representativ	e, or Leadership PAC Sponsor
	Mailing Address	PO Box 9891		
		Arlington	VA VA	22219-
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	d Organization Affiliated Committee	undraising Represent	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	y by name, address (phone number – optional)		
	Full Name			
	Mailing Address			
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
		Tele	ephone Number	
9.				
	safety deposit boxes or ma		e committee deposit	ts funds, holds accounts, rents
	Banks or Other Deposito safety deposit boxes or material Name of Bank, Depository, etc.	aintains funds.	e committee deposit	ts funds, holds accounts, rents
	safety deposit boxes or management with boxes or management boxes	aintains funds.	e committee deposit	ts funds, holds accounts, rents
	Name of Bank, Depository, etc.	aintains funds. Bank	e committee deposit	ts funds, holds accounts, rents
	Name of Bank, Depository, etc.	aintains funds. Bank	e committee deposit	ts funds, holds accounts, rents

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

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Spon
Mailing Address			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee Joy y by name, address (phone number – optional)	oint Fundraising Representa	Leadership 17te of
			Leadership The C
esignated Agent: Identif			Leadership PAC Sp
esignated Agent: Identif			
esignated Agent: Identif			
esignated Agent: Identif	y by name, address (phone number – optional)		ZIP CODE A
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Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or m ame of Bank, Chain	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whi	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in while aintains 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	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in while aintains funds. Bridge Bank	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	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in while aintains funds. Bridge Bank	STATE A Telephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

h). Joint Fundraisin	g Participant:			
1.			FEC ID number	C
2.			FEC ID number	C
3			FEC ID number	C
4.			FEC ID number	C
ame of Any Connected	Organization, Affiliated Co	ommittee, Joint Fundra	aising Representati	ive, or Leadership PAC Spon
Mailing Address				
	1			
Relationship:	C	CITY A	STATE A	ZIP CODE ▲
			Fundraising Represer	ntative Leadership PAC S
	Organization Affiliated Affiliated by name, address (phone		Fundraising Represe	ntative Leadership PAC S
esignated Agent: Identify			Fundraising Represe	Leadership PAC S
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esignated Agent: Identify	by name, address (phone		Fundraising Represe	Leadership PAC S
esignated Agent: Identify Full Name	by name, address (phone	number – optional)		
Full Name	by name, address (phone	number – optional)	STATE A	
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or mailing ame of Bank, Chain	ries: List all banks or other intains funds.	number – optional)	STATE A	ZIP CODE A
Full Name	ries: List all banks or other intains funds.	number – optional)	STATE A	ZIP CODE A

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

(h). Joint Fundraising		FEC ID number	С
1.		FEC ID number	C
2			
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Mailing Address			
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connected	Organization Affiliated Committee Joint	Fundraising Representa	Leadership PAC Sp
	Organization Affiliated Committee Joint by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Sp
esignated Agent: Identify		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identify Full Name		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identify Full Name _ _ _			Leadership PAC Sp
esignated Agent: Identify Full Name	by name, address (phone number – optional)		
esignated Agent: Identify Full Name	by name, address (phone number – optional) CITY		
esignated Agent: Identify Full Name	by name, address (phone number – optional) CITY CITY Te ies: List all banks or other depositories in which intains funds. a State Bank of LaCrosse	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or ma	by name, address (phone number – optional) CITY CITY Te ies: List all banks or other depositories in which intains funds.	STATE A	ZIP CODE A
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FEC Form 1S (Revised 02/2017)

1				
2.			FEC ID number	C
			FEC ID number	C
3.			FEC ID number	C
4.			FEC ID number	C
Name of Any Connected	l Organization, Affiliat	ed Committee, Joint Fund	raising Representative	e, or Leadership PAC Sponsor
Mailing Address				
Relationship:		CITY A	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Af	ffiliated Committee Join	t Fundraising Representa	tive Leadership PAC Sponso
Designated Agent: Identif	iy by name, address (μ	ohone number – optional)		
Mailing Address				
TITLE OR POSITION		CITY A	STATE ▲	ZIP CODE ▲
THEE ON FOSITION	. •			
			elephone Number	
Banks or Other Depositor safety deposit boxes or m	pries: List all banks or laintains funds. Century Bank 1211 28th St			s funds, holds accounts, rents

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

h). Joint Fundraising	,							-
1.				FEC ID		C		÷
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3.				FEC ID	number	С		Ĺ
4.				FEC ID	number	С		_
ame of Any Connected C	organization, Affili	ated Committe	e, Joint Fundra	aising Repr	esentative	e, or Lea	adership PAC Sp	on
Mailing Address								
Relationship:		CITY A			STATE A		ZIP CODE 4	
		Affiliated Commit		Fundraising	Representa	ative	Leadership PAC	S _I
				Fundraising	Representa	ative	Leadership PAC	S
esignated Agent: Identify				Fundraising	Representa	ative	Leadership PAC	; Sp
esignated Agent: Identify Full Name				Fundraising	Representa	ative	Leadership PAC	SI
esignated Agent: Identify Full Name	by name, address		- optional)		Representa		Leadership PAC	
esignated Agent: Identify Full Name Mailing Address	by name, address	(phone number	- optional)		Representa			
esignated Agent: Identify Full Name	by name, address	(phone number	r – optional)		TATE A			
esignated Agent: Identify Full Name Mailing Address	by name, address	(phone number	r – optional)	S'alephone Nu	TATE mber		ZIP CODE A	
Full Name Mailing Address TITLE OR POSITION anks or Other Depositori afety deposit boxes or main	by name, address	(phone number	r – optional)	S'alephone Nu	TATE mber		ZIP CODE A	
Full Name Mailing Address TITLE OR POSITION anks or Other Depositori afety deposit boxes or main ame of Bank, epository, etc.	by name, address	(phone number	r – optional)	S'alephone Nu	TATE mber		ZIP CODE A	

FEC Form 1S (Revised 02/2017)

1	ng Participant:		
1			
		FEC ID number	C
		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	nising Representative	e, or Leadership PAC Sponsor
Mailing Address			
Polationship	OITY A	OTATE A	7ID CODE 4
	CITY A d Organization Affiliated Committee Joint by by name, address (phone number – optional)	STATE ▲ Fundraising Representa	ZIP CODE ▲ ative Leadership PAC Spons
Connecte Designated Agent: Identif	d Organization Affiliated Committee Joint		
Connecte Designated Agent: Identif	d Organization Affiliated Committee Joint		
Connecte Designated Agent: Identif	d Organization Affiliated Committee Joint		
Connecte Designated Agent: Identif	d Organization Affiliated Committee Joint		
Connecte Designated Agent: Identif Full Name Mailing Address	Affiliated Committee Joint Ty by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Spons
Connecte Designated Agent: Identif	Affiliated Committee Joint Ty by name, address (phone number – optional) CITY		

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

h). Joint Fundraising	,		
1.		FEC ID number	C
2.		FEC ID number	C
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4.		FEC ID number	C
ame of Any Connected (Organization, Affiliated Committee, Joint Fund	Iraising Representative	e, or Leadership PAC Spon
<u> </u>			
Mailing Address			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
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connected esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor anke of Bank, Truist epository, etc.	by name, address (phone number – optional) CITY CITY Ties: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or main	by name, address (phone number – optional) CITY CITY ies: List all banks or other depositories in which ntains funds.	STATE A	ZIP CODE A
connected esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor affety deposit boxes or mail ame of Bank, Truist epository, etc.	by name, address (phone number – optional) CITY CITY ies: List all banks or other depositories in which natins funds.	STATE A	ZIP CODE A