FEC FORM 1	STATEMEN ORGANIZ	_	PAGE 1 / 9 — Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
	DR U.S. SENATE		
ADDRESS (number and street	3501 MACCORKLE AVE SE		
(Check if address is changed)	NUM 131		
<i>,</i> ,	CHARLESTON CITY ▲		WV 25304 -
COMMITTEE'S E-MAIL ADD	RESS		
(Check if address is changed)			
	Optional Second E-Mail Add	dress	
COMMITTEE'S WEB PAGE (Check if address is changed)	ADDRESS (URL)		
2. DATE 05	17 / Y Y Y Y 2024		
3. FEC IDENTIFICATION	NUMBER ► C co	00839100	
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)	
I certify that I have examine	d this Statement and to the best	of my knowledge and belief it	is true, correct and complete.
Type or Print Name of Treas	urer <u>MILLER, JAMES, T, ,</u>		
Signature of Treasurer M	IILLER, JAMES, T, ,		Date 05 / 17 / 2024
NOTE: Submission of false, er		may subject the person signing to TION SHOULD BE REPORTED	this Statement to the penalties of 52 U.S.C. §301 WITHIN 10 DAYS.
Office Use Only		For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100	

5.

FEC Form 1 (Revised 03/2022)

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 candidate information below.)
Name of JUSTICE, JAMES, CONLEY, , II Candidate
Candidate Office State WV Party Affiliation REP Sought: House X Senate President
(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 (National, State or subordinate) committee of the (Democratic, Republican, 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 Organization
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
1
2 C

Relationship:

	-																				1	
	FEC Form 1 (Revised 0	2/2009)																Pa	age	3		
۷	Vrite or Type Committee Name																			,	,	
	JIM JUSTICE FO	OR U.S. SENA	TE																			
6.	Name of Any Connected O	rganization, Affiliated C	ommit	tee, J	loint	Fu	ndra	isir	ng F	lepr	esei	ntati	ve,	or l	ead	ders	ship	PAC	c s	spo	nso	r
	Mailing Address		E SE																			
		NUM 131																				
											Ľ	NV		L	253	04			- [
											ST	ATE					ZIF	• CC	DDE	Ξ 🔺		

Connected Organization Affiliated Organization X 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.

MILLER, J	AMES, T, ,		
Full Name			
Mailing Address	3501 MACCORKLE AVE SE		
	NUM 131		
	CHARLESTON	WV 25304	
	CITY A	STATE 🔺	ZIP CODE
Title or Position ▼			
	Telephone nu	umber	

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	MILLER, JAMES, T, ,		
Mailing Address	3501 MACCORKLE AVE SE		
	NUM 131		
		WV 25304	
	CITY 🔺	STATE 🔺	ZIP CODE
Title or Position	7		
	Te	elephone number	

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of Designated Agent	HOBBS, CABELL, , ,	
Mailing Address	3501 MACCORKLE AVE SE	
	NUM 131	
	CHARLESTON WV 25304	
	CITY A STATE A Z	
Title or Position	7	
ASST. TREASUR	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			
		WV 24970	
	CITY A	STATE A	ZIP CODE
Name of Bank,			
Mailing Address	1445-A LAUGHLINE AVE		
		VA 22101	
	CITY A	STATE 🔺	ZIP CODE

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

1						
1.		FE0	C ID number	С		
2.		FE0	C ID number	С		
3.		FE0	C ID number	С		
4.			C ID number	С		
		-int Fundaciaire	Dennesentetin		lauahin D	
RECLAIM THE MAJC	Organization, Affiliated Committee, J RITY		Representativ	e, or Lead	iersnip P	AC Spons
Mailing Address	421 OFFICE PARK DR				1 1 1	
Maning / Garoos						
				3522	23	
Relationship:					ZIP C	
	CITY A Organization Affiliated Committee by name, address (phone number – c	Joint Fundra	STATE ▲	ative		ODE ▲
Connected	CITY A Organization	_		ative		
Connected	CITY A Organization	_		ative		
Connected	CITY A Organization	_		ative		
Connected	CITY A Organization	_		ative		
Connected	CITY CITY Organization Affiliated Committee by name, address (phone number – c	_		ative		nip PAC Sp
Connected	CITY CITY Organization Affiliated Committee by name, address (phone number – c	optional)	ising Represent	ative		nip PAC Sp

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

ZIP CODE

STATE 🔺

(g) or (h). Joint Fundraisin	g Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
2024 SENATORS CL			
Mailing Address	228 S. WASHINGTON STREET		
	SUITE 115		
	ALEXANDRIA		22314
Relationship:		STATE A	
			ative Leadership PAC Sponso
Designated Agent: Identify	y by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
	by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name			
Full Name			
Full Name		STATE	
Full Name Mailing Address TITLE OR POSITION	CITY ▲ CITY ▲ Tele	ephone Number	
Full Name Mailing Address TITLE OR POSITION		ephone Number	ZIP CODE ▲
Full Name Mailing Address TITLE OR POSITION Banks or Other Depositon safety deposit boxes or main Name of Bank,		ephone Number	$L = L = L = L$ $ZIP CODE \blacktriangle$ $L = L = L = L = L$ $S funds, holds accounts, rents$
Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.		ephone Number	$L = L = L = L$ $ZIP CODE \blacktriangle$ $L = L = L = L = L$ $S funds, holds accounts, rents$

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

ZIP CODE

STATE 🔺

5(g) d	or(h). Joint Fundraisin	g Participant:		
	1		FEC ID number	С
	2.		FEC ID number	С
	3.		FEC ID number	C
	4		FEC ID number	С
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	ising Representative	, or Leadership PAC Sponsor
	-	BLICAN SENATE VICTORY		
	Mailing Address	228 S. WASHINGTON STREET		
		SUITE 115		
				22314
	Relationship:		STATE A	
	Connected	d Organization	Fundraising Representa	tive Leadership PAC Sponsor
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.		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			<pre></pre>
8.	Full Name		STATE	└ · · · · · · · · · · · · · · · · · · ·
8.	Full Name	CITY ▲ Tele ries: List all banks or other depositories in which th	ephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or ma Name of Bank,		ephone Number	s funds, holds accounts, rents
	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or main	CITY ▲ Tele ries: List all banks or other depositories in which th	ephone Number	s funds, holds accounts, rents
	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or ma Name of Bank,		ephone Number	– – – s funds, holds accounts, rents

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

5(g) o	r(h). Joint Fundraisin	g Participant:	
	1.		FEC ID number
	2.		FEC ID number
	3.		FEC ID number
	4.		FEC ID number
6.	CORNYN VICTORY	-	aising Representative, or Leadership PAC Sponsor
	Mailing Address	PO BOX 13026	
			TX 78711
	Relationship:		STATE A ZIP CODE A
	Connected	d Organization	Fundraising Representative Leadership PAC Sponsor
8.	Designated Agent: Identify	y by name, address (phone number – optional)	
	Mailing Address	1	
	TITLE OR POSITION		STATE A ZIP CODE A
		Te	
:	Banks or Other Deposito safety deposit boxes or ma Name of Bank,		he committee deposits funds, holds accounts, rents
	Depository, etc.		
	Mailing Address		
I		CITY 🔺	STATE ▲ ZIP CODE ▲

L

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

(g) or (h). J	oint Fundraising	Participant:		
1.			FEC ID number	С
2.			FEC ID number	C
3.			FEC ID number	C
4.			FEC ID number	С
. Name of A	Any Connected C	Organization, Affiliated Committee, Joint Fund	raising Representativ	e, or Leadership PAC Sponsor
WV SE				
Mailir	ng Address	PO BOX 9891		
				22219
Relat	tionship:		STATE A	ZIP CODE A
	Connected	Organization X Affiliated Committee	t Fundraising Represent	ative Leadership PAC Sponsor
Designated	d Agent: Identify	by name, address (phone number - optional)		
Full Na	ime			
Mailing	Address			
		1		
דודו ב	OR POSITION		STATE A	
		1	elephone Number	- -
Banks or of safety depo	Other Depositori osit boxes or main	ies: List all banks or other depositories in which ntains funds.	the committee deposi	ts funds, holds accounts, rents
Name of B Depository,				
		1		
Mail	ing Address			
Mail	ling Address			
Mail	ling Address			