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) over the lines. is changed) MORENO FOR OH SENATE REPUBLICAN NOMINEE FUND 2024 PO BOX 9891 ADDRESS (number and street) (Check if address is changed) ARLINGTON 22219 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address NOMINEEFUND@CROSBYOTT.COM is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00829499 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. Type or Print Name of Treasurer GLAZE, KAYLA,, Date 03 21 2024 Signature of Treasurer GLAZE, KAYLA,,, 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

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TYPE OF COMMITTEE:
Candidate Committee:
(a) This committee is a principal campaign committee. (Complete the candidate information below.)
(b) X This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
Name of Candidate MORENO, BERNIE, , ,
Candidate Party Affiliation REP Office Sought: House X Senate President District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate
Party Committee:
(d) This committee is a (National, State (Democratic, or subordinate) committee of the 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
1C

FEC Form 1	(Revised 02/2009)	Page
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Write or Type Committee Name

MORFNO FOR	OH SENATE	REPUBLICAN	NOMINEE	FLIND 2024
	OLIGHIALE	ILLI ODLIGAN		

6.	Name of Any Connected Or	rganization, Affiliated Comm	ittee, Joint Fun	draising Repre	sentative, or Lead	ership PAC Sponsor
	2024 REPUBLICAN	SENATE VICTORY				
	Mailing Address	228 S WASHINGTON ST				
		SUITE 115				
		ALEXANDRIA			VA 2231	4
		CITY	•		STATE A	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Org	anization X J	Joint Fundraising	Representative	Leadership PAC Sponsor
	Custodian of Records: Identi	fy by name, address (phone no	umber optional) and position of	the person in posse	ession of committee
	books and records.					
	GLAZE, KA	YLA, , ,				1
	Full Name					
	Mailing Address	PO BOX 9891				
		ARLINGTON	1 1 1 1 1		VA 2221	9
		CITY	•		STATE A	ZIP CODE ▲
	Title or Position ▼					
	TREASURER			Telephone numl	oer LIII-	
8.	Treasurer: List the name and any designated agent (e.g., a		optional) of the t	reasurer of the	committee; and the	name and address of
	Full Name GLAZE, KA	NYLA, , ,				
	Mailing Address	PO BOX 9891				
		ARLINGTON			VA 2221	9
		CITY	•		STATE A	ZIP CODE ▲
	Title or Position ▼					
ı	TREASURER			Telephone numl	per	
ĺ						

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
Title or Position (
Banks or Other safety deposit box	Depositories: List all banks or other depositories in which the committee deposits funds, hold kes or maintains funds.	ds accounts, rents
Name of Bank, D	epository, etc.	
Mailing Address	BANKPLUS 385A HIGHLAND COLONY PKWY	
	DIDOELAND MC 20457	
	RIDGELAND MS 39157	
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.	
	CHAIN BRIDGE BANK	
Mailing Address	1445-A LAUGHLIN AVENUE	
	MCLEAN VA 22101	
	CITY ▲ STATE ▲	ZIP CODE ▲
 		

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(h). Joint Fundrais			
1.		FEC ID number	С
2		FEC ID number	C
3.		FEC ID number	С
4		FEC ID number	C
Name of Any Connected	d Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spons
BERNIE MORENO	FOR SENATE		
Mailing Address	PO BOX 340797		
	COLUMBUS	OH	43234
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	ed Organization X Affiliated Committee Joint Joi	int Fundraising Represent	ative Leadership PAC Spo
Pesignated Agent: Ident		int Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Ident		int Fundraising Represent	ative Leadership PAC Spo
Pesignated Agent: Ident		int Fundraising Represent	ative Leadership PAC Spo
Pesignated Agent: Ident Full Name Mailing Address	ify by name, address (phone number – optional)	int Fundraising Represent	Leadership PAC Spo
Pesignated Agent: Ident Full Name Mailing Address TITLE OR POSITION	ify by name, address (phone number – optional)		
Pesignated Agent: Ident Full Name Mailing Address TITLE OR POSITION Anks or Other Deposite afety deposit boxes or necessity.	ify by name, address (phone number – optional) CITY Cories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Ident Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or not be boxes or not be boxes. JOHN Depository, etc.	ify by name, address (phone number – optional) CITY CITY COTIES: List all banks or other depositories in which naintains funds. I MARSHALL BANK	STATE A Telephone Number	ZIP CODE A

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	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spons
Mailing Address	PO BOX 13026		
	AUSTIN	TX	78711
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)		
	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	CITY ▲ CITY ▲ pries: List all banks or other depositories in which aintains funds.	Telephone Number	s funds, holds accounts, rent
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	ng Participant:		
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3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	l Organization, Affiliated Committee, Joint Fund	draising Representative	, or Leadership PAC Spons
FRIENDS OF KENN	EDY		
Mailing Address	3337 NORTH HULLEN ST.		
	SUITE 301		
	METAIRIE	LA L	70002
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)		
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3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	or Leadership PAC Spon
MAJORITY MAKER			, or <u>-</u>
Mailing Address	2024 3RD AVE N		
	STE 211		
Deletienskin	BIRMINGHAM	AL	35203
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Identi	y by name, address (phone number – optional)		
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ame of Any Connected	l Organization, Affiliated Committee, Joint Fur	ndraising Representativ	e, or Leadership PAC Spons
RECLAIM THE MAJ	ORITY		
	421 OFFICE PARK DR		
Mailing Address			
	MOUNTAIN BROOK	AL	35223
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee X Joffy by name, address (phone number – optional)	oint Fundraising Represent	ative Leadership PAC Sp
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Connected Organization Affiliated Committee X Joint Fundraising Representative Leadership PA Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address	(h). Joint Fundraisi			
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A. FEC ID number C Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC S WINNING FOR AMERICA FUND Mailing Address 101 W ARGONNE DR #24 SAINT LOUIS MO 63122 Relationship: CITY STATE ZIP CODE Connected Organization Affiliated Committee X Joint Fundraising Representative Leadership PAC Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address Mailing Address ZIP CODE ATTILLE OR POSITION XIATE ZIP CODE ATTILLE OR POSITION XIATE XIATE ZIP CODE ATTILLE OR POSITION XIATE XIA	2.		FEC ID number	C
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WINNING FOR AMERICA FUND Mailing Address 101 W ARGONNE DR #24 SAINT LOUIS Relationship: Connected Organization Affiliated Committee X Joint Fundraising Representative Leadership PA Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address CITY ▲ STATE ▲ ZIP CODE ▲ TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲				
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Connected Organization		SAINT LOUIS	MO	63122
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