## FEC FORM 2 STATEMENT OF CANDIDACY

PAGE 1 / 4

1. (a) Name of Candidate (in full) ARENHOLZ, ASHLEY, HINS	DN, ,			
(b) Address (number and street) PO BOX 811		address cha	nged	2. Candidate's FEC Identification Number H0IA01174
(c) City, State, and ZIP Code MARION		ТХ	52302	3. Is This New Amended Statement (N) OR (A)
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House		6. State & Dis IA	trict of Candidate 02
DI	SIGNATION OF	PRINCI	PAL CAMPAIG	N COMMITTEE
7. I hereby designate the following na	med political committee	e as my Princ	cipal Campaign Com	mittee for the $2024$ election(s).
NOTE: This designation should be	filed with the appropriat	te office liste	d in the instructions.	(year of election)
(a) Name of Committee (in full)				
ASHLEY HINSON F	OR CONGRES	SS		
(b) Address (number and street)				
PO BOX 811				
(c) City, State, and ZIP Code				
MARION			IA	52302
<ul> <li>8. I hereby authorize the following national candidacy.</li> <li>NOTE: This designation should be (a) Name of Committee (in full)</li> <li>Ashley Hinson Victorial</li> </ul>	filed with the principal c			mmittee, to receive and expend funds on behalf of my
(b) Address (number and street)	,			
PO Box 341027				
(c) City, State, and ZIP Code				
Austin			ТХ	78734
I certify that I have exa	amined this Statement a	and to the be	est of my knowledge a	and belief it is true, correct and complete.
Signature of Candidate				Date
HOBBS, CABELL, HINSON, ,				04/15/2024
NOTE: Submission of false, erroneous	, or incomplete informa	tion may sub	ject the person signi	ing this Statement to penalties of 2 U.S.C. §437g.
				FEC FORM 2 (REV. 02/2009

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

## DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE**: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)		
IOWA VICTORY FUND		
(b) Address (number and street)		
824 S. MILLEDGE AVE STE 101		
(c) City, State, and ZIP Code		
		00005
ATHENS	GA	30605

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE**: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)		
GT FARM TEAM 2024		
(b) Address (number and street)		
PO BOX 30844		
(c) City, State, and ZIP Code		
BETHESDA	MD	20824

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE**: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)		
PROTECT THE HOUSE 2024		
(b) Address (number and street)		
PO BOX 30844		
(c) City, State, and ZIP Code		
BETHESDA	MD	20824

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE**: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)		
GOP WINNING WOMEN 2024		
(b) Address (number and street) 228 S WASHINGTON ST		
STE 115		
(c) City, State, and ZIP Code		
ALEXANDRIA	VA	22314

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FEC Form 2S (Revised 02/2017)

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(a) Name of Committee (in full)			
SCALISE LEADERSHIP FUND 2024			
(b) Address (number and street)			
320 1ST ST SE			
(c) City, State, and ZIP Code			
WASHINGTON	DC	20003	

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE**: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)		
American Battleground Fund		
(b) Address (number and street)		
PO Box 30844		
(c) City, State, and ZIP Code		
Bethesda	MD	20824

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE**: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)		
EMMER MAJORITY BUILDERS		
(b) Address (number and street) 824 S. MILLEDGE AVE. STE. 101		
(c) City, State, and ZIP Code ATHENS	GA	30605

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(a) Name of Committee (in full)		
GOP WINNING WOMEN 2024		
(b) Address (number and street) 228 S WASHINGTON ST		
STE 115		
(c) City, State, and ZIP Code		
ALEXANDRIA	VA	22314

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(Including Joint Fundraising Representatives)

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(a) Name of Committee (in full)			
IOWA FRONTLINE FUND			
(b) Address (number and street)			
502 6TH STREET			
(c) City, State, and ZIP Code			
HUDSON	WI	54016	

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE**: This designation should be filed with the principal campaign committee.

(b) Address (number and street)		
(c) City, State, and ZIP Code		

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE**: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE**: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code