**FEC** 

Only

# STATEMENT OF

PAGE 1 / 15

**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) ElectGabeEvans.com PO Box 350608 ADDRESS (number and street) (Check if address is changed) Westminster 80035 CO CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address Joel@rightwaycompliance.com is changed) Optional Second E-Mail Address JLJukus@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2025 C00849844 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 Jukus, Joel,, Date 02 19 2025 Signature of Treasurer Jukus, Joel, , , 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

EC Form 1 (Revised 03/2022)	Page <b>2</b>
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) X This committee is a principal campaign committee. (Complete the candidate information below	w.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Coinformation below.)	omplete the candidate
Name of Candidate Evans, Timothy, Gabriel Joseph,	
Candidate Party Affiliation  REP  Office Sought:  House  Senate  President	State CO dent District 08
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Name of Candidate	
Party Committee:	
(Mational, State (Dational)	Democratic, epublican, 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.	
This committee supports/opposes more than one Federal candidate, and is NOT a separate committee. (i.e., nonconnected committee)	segregated 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 committees/organizations, at least one of which is an authorized committee of a federal cand	•
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds committees/organizations, none of which is an authorized committee of a federal candidate.	for two or more political
Committees Participating in Joint Fundraiser	
1 C	
2.	

	FEC Form 1 (Revised 0)	2/2000)	Page <b>3</b>
V	Vrite or Type Committee Name	2/2009)	raye 3
•	ElectGabeEvans	.com	
6.		ganization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
	GROW THE MAJOR		
	Mailing Address	228 S WASHINGTON ST STE 115	
		ALEXANDRIA VA 22314	
		CITY ▲ STATE ▲ ZIF	CODE A
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Representative Lea	dership PAC Spons
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number optional) and position of the person in possession	of committee
	Jukus, Joel	,,,	
	Full Name		
	Mailing Address	4031 Thicket Lane	
		Harrisburg	-
		CITY ▲ STATE ▲ ZII	P CODE ▲
	Title or Position ▼	5// - 5	0052 —
	Treasurer		1636
8.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; and the name ssistant treasurer).	and address of
	Full Name Jukus, Joel	,,,	
	of Treasurer		
	Mailing Address	4031 Thicket Lane	
		Harrisburg PA 17110	
		CITY ▲ STATE ▲ ZII	CODE ▲
	Title or Position ▼		
	Treasurer		

FEC Form 1 (Revise	ed 02/2009)		Page <b>4</b>
Full Name of Designated Jukus, Agent  Mailing Address	Joel, , ,  4031 Thicket Lane  Harrisburg	PA PA	17110
Till D iii	CITY ▲	STATE ▲	ZIP CODE ▲
Title or Position ▼    Treasurer		Telephone number 717	395 1636
Banks or Other Deposit safety deposit boxes or m	<b>ories:</b> List all banks or other depositories in naintains funds.	which the committee deposits fund	s, holds accounts, rents
Name of Bank, Depositor	y, etc.		
First N Mailing Address	National Bank of Pennsylvania  3015 Glimcher Blvd.		
	Hermitage	PA L	16148
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, Depositor	y, etc.		
Chain	Bridge Bank		
Mailing Address	1445A Laughlin Ave		
	McLean	VA	22101
	CITY A	STATE ▲	ZIP CODE ▲

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

	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected , SCALISE LEADERS	I Organization, Affiliated Committee, Joint Fun SHIP FUND 2024	draising Representative	, or Leadership PAC Spon
Mailing Address	320 1ST ST SE		
	WASHINGTON	DC	20003
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
esignated Agent: Identi  Full Name	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	STATE A	ZIP CODE A
Full Name	CITY A	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mailing and the second secon	CITY ▲  CITY ▲  pries: List all banks or other depositories in which an intains funds.	Telephone Number	
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mailing and the second secon	CITY ▲  Ories: List all banks or other depositories in which	Telephone Number	
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, CLAS	CITY ▲  CITY ▲  pries: List all banks or other depositories in which an intains funds.	Telephone Number	
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY ▲  CITY ▲  Ories: List all banks or other depositories in which an intains funds.  SIC CITY BANK	Telephone Number	
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY ▲  CITY ▲  Ories: List all banks or other depositories in which an intains funds.  SIC CITY BANK	Telephone Number	

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

(h). <b>Joint Fundraisi</b>	ng Participant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	l Organization, Affiliated Committee, Joint Fun	draising Representativ	e, or Leadership PAC Spons
2A DEFENSE FUND	) 		
Mailing Address	824 S MILLEDGE AVE STE 101		
	ATHENS	GA	30605
Relationship:	CITY A	STATE A	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee X Jo	int Fundraising Represent	tative Leadership PAC Sp
Connecte		int Fundraising Represent	Leadership PAC Sp
Connecte esignated Agent: Identi		int Fundraising Represent	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: Identi  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
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management 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

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(h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4		FEC ID number	C
-	I Organization, Affiliated Committee, Joint Fund VAVE VICTORY FUND	Iraising Representative	e, or Leadership PAC Sponso
	1 9235 N UNION BLVD		
Mailing Address	STE 150-164		
	COLORADO SPRINGS	, CO	1 80920
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
		SIAIL	ZIF CODE A
Connecte		nt Fundraising Representa	ative Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name	ed Organization Affiliated Committee X Join	nt Fundraising Representa	Leadership PAC Spo
Connecte  Designated Agent: Identi	ed Organization Affiliated Committee X Join	nt Fundraising Representa	Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name	ed Organization Affiliated Committee X Join	nt Fundraising Representa	Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name	ed Organization Affiliated Committee X Join fy by name, address (phone number – optional)		
Connecte  Designated Agent: Identi  Full Name	ed Organization Affiliated Committee X Join fy by name, address (phone number – optional)	state A	Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name  Mailing Address	Affiliated Committee X Join fy by name, address (phone number – optional)  CITY		
Connected  Designated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite tafety deposit boxes or management of the content of the cont	Affiliated Committee X Join fy by name, address (phone number – optional)  CITY   CITY   Cries: List all banks or other depositories in which	STATE A	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address  TITLE OR POSITION Sanks or Other Deposite afety deposit boxes or make the proposition of Bank, Depository, etc.	Affiliated Committee X Join fy by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in which naintains funds.  Fargo Bank	STATE A	ZIP CODE A

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

1. FEC ID number C 2. FEC ID number C 3. FEC ID number C 4. FEC ID number C 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PA EMMER MAJORITY BUILDERS  824 S. MILLEDGE AVE. STE. 101	AC Sponsor
3. FEC ID number C 4. FEC ID number C 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PA EMMER MAJORITY BUILDERS	AC Sponsor
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PA  EMMER MAJORITY BUILDERS  1. 824 S. MILLEDGE AVE. STE. 101	AC Sponsor
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PA  EMMER MAJORITY BUILDERS  1.824 S. MILLEDGE AVE. STE. 101	AC Sponsor
EMMER MAJORITY BUILDERS	AC Sponsor
Mailing Address  824 S. MILLEDGE AVE. STE. 101	
Mailing Address  824 S. MILLEDGE AVE. STE. 101	
ATHENS GA 30605	
Relationship: CITY ▲ STATE ▲ ZIP CO	ODE 🛦
Connected Organization Affiliated Committee X Joint Fundraising Representative Leadership Representative R	ip PAC Sponsor
Full Name	
Mailing Address	
TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP COD	DE ▲
<ol> <li>Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds account safety deposit boxes or maintains funds.</li> <li>Name of Bank,</li></ol>	unts, rents
Depository, etc.	
Depository, etc.	

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(h). <b>Joint Fundraisi</b>			
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
lame of Any Connecter	l Organization, Affiliated Committee, Joint F	undraising Representati	ve or Leadershin PAC Snon
-	publican Nominee Fund 2024		
Mailing Address	PO BOX 9891		
	ARLINGTON	VA	22219
Relationship:	CITY ▲	STATE 4	ZIP CODE ▲
	Affiliated Committee  fy by name, address (phone number – optional	Joint Fundraising Represer	tative Leadership PAC Sp
esignated Agent: Identi			tative Leadership PAC Sp
esignated Agent: Identi			tative Leadership PAC Sp
esignated Agent: Identi			tative Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional	i)	
esignated Agent: Identi	fy by name, address (phone number – optiona		Leadership PAC Sp
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optiona	i)	
esignated Agent: Identii  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 content of the conten	STATE   Telephone Number  nich the committee depos	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or make afety deposit boxes or make afety deposit boxes.	fy by name, address (phone number – optional content of the conten	STATE   Telephone Number  nich the committee depos	ZIP CODE A
esignated Agent: Identii  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 content of the conten	STATE   Telephone Number  nich the committee depos	ZIP CODE A

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h). <b>Joint Fundraisi</b>	· 9 · ············		
1.		FEC ID number	С
2		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
		,	
Evans Victory Comn	Organization, Affiliated Committee, Joint Funittee	ndraising Representativ	e, or Leadership PAC Spon
Mailing Address	4075 Linglestown Road		
	#119		
	Harrisburg	PA	17112
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee X	oint Fundraising Represent	ative Leadership PAC Sp
			ative Leadership PAC Sp
esignated Agent: Identi			ative Leadership PAC Sp
esignated Agent: Identi			ative Leadership PAC Sp
esignated Agent: Identi			ative Leadership PAC Sp
esignated Agent: Identi	by by name, address (phone number – optional		Ative Leadership PAC Sp
esignated Agent: Identi  Full Name  Mailing Address	by by name, address (phone number – optional		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	CITY A  pries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afty deposit boxes or mame of Bank,	CITY A  pries: List all banks or other depositories in whaintains funds.	STATE A  Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite the deposite boxes or mame of Bank, epository, etc.	CITY A  pries: List all banks or other depositories in whaintains funds.	STATE A  Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite the deposite boxes or mame of Bank, epository, etc.	CITY A  pries: List all banks or other depositories in whaintains funds.	STATE A  Telephone Number	ZIP CODE A

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

5(g) or (h)	. Joint Fundraising	Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6. <b>Na</b> r	me of Any Connected C	Organization, Affiliated Committee, Joint Fundrais	sing Representative	e, or Leadership PAC Sponsor
_1	New Generation Color	ado PAC		
L				
	Mailing Address	4075 Linglestown Rd		
		#119		
		Harrisburg	PA PA	17112
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
8. <b>Des</b>	signated Agent: Identify  Full Name	by name, address (phone number – optional)		
8. <b>Des</b>		by name, address (phone number – optional)		
8. <b>Des</b>	Full Name	by name, address (phone number – optional)		
8. <b>Des</b>	Full Name	by name, address (phone number – optional)		
8. <b>Des</b>	Full Name	CITY A	STATE A	ZIP CODE A
8. <b>Des</b>	Full Name	CITY A	STATE A	ZIP CODE A
9. <b>Bar</b> safe	Full Name  Mailing Address  TITLE OR POSITION  This or Other Depositoriety deposit boxes or main me of Bank, pository, etc.	CITY   CITY   Telephones: List all banks or other depositories in which the natains funds.	phone Number	s funds, holds accounts, rents
9. <b>Bar</b> safe	Full Name  Mailing Address  TITLE OR POSITION  This or Other Depositorically deposit boxes or main me of Bank,	CITY   CITY   Telephones: List all banks or other depositories in which the natains funds.	phone Numbere committee deposit	s funds, holds accounts, rents

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

5(g) or (h).	Joint Fundraising	Participant:		
1	ı. <u> </u>		FEC ID number	С
2	2.		FEC ID number	C
3	3.		FEC ID number	C
2	1		FEC ID number	С
6. <b>Na</b> m	ne of Any Connected O	rganization, Affiliated Committee, Joint Fundrais	sing Representative	e, or Leadership PAC Sponsor
G	SABE EVANS-GTM NI	F CO08		
	Mailing Address	228 S WASHINGTON ST STE 115		
		ALEXANDRIA	VA VA	22314
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		by name, address (phone number – optional)		
I	Full Name			
ı	Mailing Address			
	TITLE OR POSITION \	CITY ▲	STATE ▲	ZIP CODE ▲
l		Tele	phone Number	
safet	ks or Other Depositorie	es: List all banks or other depositories in which the	e committee deposit	s funds, holds accounts, rents
	e of Bank, ository, etc.			
	e of Bank,			

Page	of	15

	ing Participant:		
1.		FEC ID number	С
2		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
Name of Any Connected	d Organization, Affiliated Committee, Joint F	undraising Representativ	e, or Leadership PAC Sponse
HISPANIC LEADER	RSHIP TRUST PARTNERSHIP		
Mailing Address	1005 CONGRESS AVE		
· ·	STE 400		
	AUSTIN	TX I	78701
Relationship:	CITY ▲	STATE A	ZIP CODE A
	ed Organization	Joint Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Ident	ify by name, address (phone number - optiona	ul)	
Full Name	ify by name, address (phone number – optiona	ul)	
	ify by name, address (phone number – optiona	il)	
Full Name	ify by name, address (phone number – optiona	il)	
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A		ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION	CITY A	STATE A Telephone Number	
Full Name Mailing Address  TITLE OR POSITION	CITY A  cories: List all banks or other depositories in w	STATE A Telephone Number	
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite safety deposit boxes or necessity.	CITY A  cories: List all banks or other depositories in w	STATE A Telephone Number	
Full Name Mailing Address  TITLE OR POSITION	CITY ▲  **Cories: List all banks or other depositories in wanaintains funds.**	STATE A Telephone Number	ts funds, holds accounts, rents
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposit safety deposit boxes or not be safety deposit.	CITY ▲  **Cories: List all banks or other depositories in wanaintains funds.**	STATE   Telephone Number  hich the committee deposit	ts funds, holds accounts, rents
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposit safety deposit boxes or not be boxes or not be boxes.	CITY A  cories: List all banks or other depositories in wanaintains funds.	STATE   Telephone Number  hich the committee deposit	ts funds, holds accounts, rents
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposit safety deposit boxes or not be boxes or not be boxes.	CITY A  cories: List all banks or other depositories in wanaintains funds.	STATE   Telephone Number  hich the committee deposit	ts funds, holds accounts, rents

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

5(g) or (h).	Joint Fundraising	g Participant:		
1.			FEC ID numb	er C
2.			FEC ID numb	er C
3.			FEC ID numb	er C
4.			FEC ID numb	er C
	of Any Connected (	Organization, Affiliated Committee, Joint	Fundraising Represent	ative, or Leadership PAC Sponsor
N	Mailing Address	320 FIRST ST SE		
_		WASHINGTON	DC	
F	Relationship:	CITY ▲	STATE	
	Connected	Organization Affiliated Committee	≺ Joint Fundraising Repres	sentative Leadership PAC Sponsor
8. <b>Design</b>	nated Agent: Identify	by name, address (phone number - optio	nal)	
Ful	II Name			
Ma	ailing Address			
TI	ITLE OR POSITION	▼ CITY ▲	STATE	▲ ZIP CODE ▲
			Telephone Number	
safety Name	or Other Depositoring deposit boxes or main of Bank, itory, etc.	ies: List all banks or other depositories in intains funds.	which the committee dep	posits funds, holds accounts, rents
	Mailing Address			
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(h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
lame of Any Connected	d Organization, Affiliated Committee, Joint Fun	draising Representative	e or Leadership PAC Spons
AMERICAN BATTLE			, , , , , , , , , , , , , , , , , , ,
Mailing Address	PO BOX 30844		
	BETHESDA	MD MD	20824
Deletionabin	CITY A	STATE ▲	ZIP CODE ▲
		nt Fundraising Representa	ative Leadership PAC Sp
Connecte	ed Organization Affiliated Committee X Joi	nt Fundraising Representa	Leadership PAC Spo
Connected Agent: Identification	ed Organization Affiliated Committee X Joi	nt Fundraising Representa	Leadership PAC Spo
Connecte  resignated Agent: Identi  Full Name	ed Organization Affiliated Committee X Joi	nt Fundraising Representa	Leadership PAC Spo
Connecte  resignated Agent: Identi  Full Name	ed Organization Affiliated Committee X Joi	nt Fundraising Representa	Leadership PAC Spo
Connecte  resignated Agent: Identi  Full Name	Affiliated Committee X Joint J	nt Fundraising Representa	Leadership PAC Spo
Connecte  resignated Agent: Identi  Full Name  Mailing Address	Affiliated Committee X Joint J		
Connecte  resignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	Affiliated Committee X Joint J	STATE A Telephone Number	ZIP CODE A
Connected Resignated Agent: Identification of Position	Affiliated Committee X Joint J	STATE A Telephone Number	ZIP CODE A