Only

PAGE 1/5 =

FEC FORM 1		ORGA						Office Use	e Only		•
1. NAME OF COMMITTEE (ir	n full)	(Check if is changed		Example: If typi over the lines.	ng, type	12FE	4M5		1		
TDocX		io onango.	u)	ever the lines.							ı
		DO Devi 20044									
ADDRESS (number a	nd street)	PO Box 30844									
(Check if a is changed		1						1 1 1	1 1	1 1 1	₁
is changed	<i>(</i> 1.	Bethesda			i	MD	20	0824		1	
		CITY A				STATE	」		ZIP C	ODE 🛦	
COMMITTEE'S E-MA			ofin on oiol								
		info@campaigi	ntinanciai.	com							
_		Optional Second E	E-Mail Addre	ess							
(Check if a is changed											
2. DATE 0		3 / 2021									
3. FEC IDENTIFIC	CATION N	UMBER ▶	C coo	788653							
4. IS THIS STATE	MENT X	NEW (N)	OR	AMEN	NDED (A)						
certify that I have e	examined t	his Statement and to	the best of	my knowledge	and belief it	is true, o	orrect ar	d comp	ete.		
Type or Print Name	of Treasure	Martin, Steven, , ,									
Signature of Treasure	er <i>Mart</i> —	in, Steven, , ,		[Electronica	ally Filed]	Date	09	03	- '	2021	
NOTE: Submission of	false, erron	eous, or incomplete in						e penalti	es of 2	U.S.C. §	§437g.
Office Use				I	information cotion Commissi 0-424-9530				FOR		

Toll Free 800-424-9530

Local 202-694-1100

	FEC For	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
	ididate	Committee:	
(a)	H	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	<u>Ц</u>	This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate
Nam Can	ne of didate		
	didate y Affiliatio	Office Sought: House Senate President	State
	,		District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Can	ne of didate		
Par	ty Com	mittee:	
(d)			(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected 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 se committee. (i.e., nonconnected committee)	gregated 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.)	
loin	t Eund	raining Penragentative	
		raising Representative:	vo or more political
(g)	×	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Comi	mittees Participating in Joint Fundraiser	
	1.	MICHAEL BURGESS FOR CONGRESS FEC ID number C C00	372532
	2.	TEXANS FOR RONNY JACKSON FEC ID number C C00	730531
	3.	LONE STAR LEADERSHIP PAC	415208
	4.	TEXAS RED C007	53384

FEC Form 1 (Revised		Page 3
Write or Type Committee Nar	me	
TDocX		
6. Name of Any Connected	I Organization, Affiliated Committee, Joint Fundraising Representati	ve, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connect	ted Organization Affiliated Committee Joint Fundraising Represe	entative Leadership PAC Sponsor
 Custodian of Records: Id books and records. 	dentify by name, address (phone number optional) and position of the	e person in possession of committee
Campai Full Name	gn, Financial Services, , ,	
	PO Box 30844	
Mailing Address		
	Bethesda MD	20824
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number	301 654 3220
Treasurer: List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer of the committ , assistant treasurer).	ee; and the name and address of
Full Name Martin, S	Steven, , ,	
Mailing Address	PO Box 30844	
	Bethesda MD CITY STATE	20824 ZIP CODE
Title or Position Treasurer	Telephone number	301 - 654 - 3220

FEC FOR	1 (Revised 02/2009)	Page 4
Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
		s accounts, rents
safety deposit bo	oxes or maintains funds.	s accounts, rents
safety deposit bo Name of Bank, I	Wells Fargo 8302 Woodmont Avenue	zip code
safety deposit bo Name of Bank, I	Depository, etc. Wells Fargo 8302 Woodmont Avenue Bethesda CITY STATE	
safety deposit bo Name of Bank, I Mailing Address	Depository, etc. Wells Fargo 8302 Woodmont Avenue Bethesda CITY STATE Depository, etc.	
safety deposit bo Name of Bank, I Mailing Address Name of Bank, I	Depository, etc. Wells Fargo 8302 Woodmont Avenue Bethesda CITY STATE	
safety deposit bo Name of Bank, I Mailing Address	Depository, etc. Wells Fargo 8302 Woodmont Avenue Bethesda CITY STATE Depository, etc.	
safety deposit bo Name of Bank, I Mailing Address Name of Bank, I	Depository, etc. Wells Fargo 8302 Woodmont Avenue Bethesda CITY STATE Depository, etc.	
safety deposit bo Name of Bank, I Mailing Address Name of Bank, I	Depository, etc. Wells Fargo 8302 Woodmont Avenue Bethesda CITY STATE Depository, etc.	

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

FEC Form 1S (Revised 02/2017)

Page ____ **of** ____

	PARTY OF TEXAS	FE	D number	C C00143743
1.				C C00075820
2.			D number	
3.		FEC	D number	С
4.		FEC	C ID number	C
ame of Any Connected	l Organization, Affiliated Committe	ee, Joint Fundraising	Representativ	e, or Leadership PAC Spor
Mailing Address				
Relationship:	CITY ▲		STATE A	ZIP CODE A
	02			
	Affiliated Comm	_	sing Hepresent	ative Leadership PAC S
			sing Hepresent	ative Leadership PAC S
esignated Agent: Identi			sing Hepresent	ative Leadership PAC S
esignated Agent: Identi			sing Hepresent	ative Leadership PAC S
esignated Agent: Identi			sing Hepresent	ative Leadership PAC S
esignated Agent: Identi	fy by name, address (phone numbe		STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone numbe	r – optional)		
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite the state of Bank,	fy by name, address (phone number continued in the contin	r – optional)	STATE A e Number	ZIP CODE A
esignated Agent: Identi 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 continued in the contin	r – optional) Telephone tories in which the con	STATE A e Number	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	fy by name, address (phone number continued in the contin	r – optional) Telephone tories in which the con	STATE A e Number	ZIP CODE A