Image# 202403269627412032 PAGE 1 / 3

FEC FORM 2

STATEMENT OF CANDIDACY

1							
١.	(a) Name of Candidate (in full)						
	Banks, James, E., Hon.,						
	(b) Address (number and street) PO Box 11431	☐ Check	if address c	hanged		Candidate's FEC Identification Number S4IN00196	
	(c) City, State, and ZIP Code						ended
	Fort Wayne		IN	46858		Statement (N) OR (A)	
4.	Party Affiliation	5. Office Sought		6	6. State & Distr	ict of Candidate	
	REPUBLICAN PARTY	Senate			IN	00	
	DE	SIGNATION C	F PRINC	CIPAL C	AMPAIGN	I COMMITTEE	
7.	I hereby designate the following nar	med political commit	tee as my P	rincipal Ca	mpaign Comm	hittee for the $\frac{2024}{\text{(year of election)}}$ election(s).	
	NOTE: This designation should be f	iled with the approp	riate office li	sted in the	instructions.		
	(a) Name of Committee (in full)						
	BANKS FOR SENA	TE					
	(b) Address (number and street)						
	PO BOX 11431						
	(c) City, State, and ZIP Code						
	FORT WAYNE				IN	46858-1431	
	DE				HORIZED (Representative	COMMITTEES es)	
8.	I hereby authorize the following nan candidacy.	ned committee, which	ch is NOT my	principal	campaign com	nmittee, to receive and expend funds on behalf	of my
	NOTE: This designation should be f	iled with the principa	al campaign	committee			
	(a) Name of Committee (in full)						
	BANKS VICTORY I	FUND					
	(b) Address (number and street)						
	(b) Address (number and street) PO BOX 30844						
	PO BOX 30844				MD	20824	
	PO BOX 30844 (c) City, State, and ZIP Code BETHESDA	mined this Stateme.	nt and to the	best of my		20824 and belief it is true, correct and complete.	
Si	PO BOX 30844 (c) City, State, and ZIP Code BETHESDA	mined this Stateme	nt and to the	best of my			
	PO BOX 30844 (c) City, State, and ZIP Code BETHESDA I certify that I have example of the state	mined this Stateme	nt and to the	best of my		nd belief it is true, correct and complete.	
В	PO BOX 30844 (c) City, State, and ZIP Code BETHESDA I certify that I have exa gnature of Candidate anks, James, E., Hon.,				/ knowledge al	nd belief it is true, correct and complete.	
В	PO BOX 30844 (c) City, State, and ZIP Code BETHESDA I certify that I have exa gnature of Candidate anks, James, E., Hon.,				/ knowledge al	Date 03/26/2024	
В	PO BOX 30844 (c) City, State, and ZIP Code BETHESDA I certify that I have exa gnature of Candidate anks, James, E., Hon.,				/ knowledge al	Date 03/26/2024	

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

Page	2 of 3	
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DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives	(Including	Joint	Fundraising	Representatives
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(a) Name of Committee (in full) HOUSE CONSERVATIVES TRUST (b) Address (number and street) PO BOX 30844	
(b) Address (number and street)	
. 0 25.100011	
(c) City, State, and ZIP Code	
BETHESDA MD 20824	
 I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and e candidacy. NOTE: This designation should be filed with the principal campaign committee. 	expend funds on behalf of my
(a) Name of Committee (in full)	
2023 SENATORS CLASSIC COMMITTEE	
(b) Address (number and street) 228 S. WASHINGTON STREET SUITE 115	
(c) City, State, and ZIP Code	
ALEXANDRIA VA 22314	
8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and e candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full)	expend funds on behalf of my
2024 REPUBLICAN SENATE VICTORY	
(b) Address (number and street) 228 S. WASHINGTON STREET	
SUITE 115	
(c) City, State, and ZIP Code ALEXANDRIA VA 22314	
8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and e candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full)	expend funds on behalf of my
BATTLEFIELD FUND 2023	
(b) Address (number and street) 228 S WASHINGTON ST STE 115	
(c) City, State, and ZIP Code	
ALEXANDRIA VA 22314	

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

Page	3 of 3	
Page	01	

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)
	RECLAIM THE MAJORITY
	(b) Address (number and street) 421 OFFICE PARK DR
	(c) City, State, and ZIP Code MOUNTAIN BROOK AL 35223
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)
	CORNYN VICTORY COMMITTEE
	(b) Address (number and street) PO BOX 13026
	(c) City, State, and ZIP Code
	AUSTIN TX 78711
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
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