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08/21/2024 10 : 54

PAGE 1 / 12 🗕

STAT	EMEN	IT OF
ORG	ANIZA	TION

			(Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
Friends of David Se	chweikert			
ADDRESS (number and street)	8175 East Evans Road			
(Check if address	# 13176			
is changed)	Scottsdale		AZ 85	5267
	CITY A		STATE A	ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	SS			
(Check if address is changed)	info@campaignfinancial.com	m 		
	Optional Second E-Mail Add	dress		
2. DATE 08 2	D / Y Y Y Y 1 2024			
3. FEC IDENTIFICATION N		00540617		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
I certify that I have examined the	his Statement and to the best	of my knowledge and belief it	is true, correct an	d complete.
Type or Print Name of Treasure	r Martin, Steven, , ,			
Signature of Treasurer Marti	in, Steven, , ,		Date 08	/ D D / Y Y Y Y 21 2024
NOTE: Submission of false, erron		may subject the person signing t TION SHOULD BE REPORTED		e penalties of 52 U.S.C. §3010
Office Use Only		For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100	ontact:	FEC FORM 1 (Revised 06/2012)

FEC Form 1 (Revised 03/2022) Page 2 TYPE OF COMMITTEE: 5. Candidate Committee: This committee is a principal campaign committee. (Complete the candidate information below.) (a) X This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate (b) information below.) Name of Schweikert, David, S., , Candidate State ΑZ Candidate Office REP House Senate President Party Affiliation Sought: District 01 (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (National, State (Democratic, (d) This committee is a or subordinate) committee of the Republican, etc.) Party **Political Action Committee (PAC):** This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a: (e) Corporation w/o Capital Stock Labor Organization Corporation 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:

2.

(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.
 (j) Committees Participating in Joint Fundraiser
 1.

С

FEC Form 1 (F	Revised 02/2009)	Page 3
Write or Type Committee	ee Name	
Friends of I	David Schweikert	
Name of Any Conr	nected Organization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor
SCHWEIKER		
Mailing Address	PO Box 30844	
	Bethesda MD	20824-0844
	CITY A STATE A	ZIP CODE

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

CFS, Cor	pliance, , ,
Full Name	
Mailing Address	PO Box 30844
	Bethesda MD 20824-0844
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Custodian of Records	Telephone number 301 - 654 - 3220

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Martin, Steven, , ,
of Treasurer	
Mailing Address	PO Box 30844
	Bethesda MD 20824 Image: Imag
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	,
Treasurer	Image: Telephone number 301 - 654 - 3220

FEC Form 1 (Revised 02	9)		Page 4
Full Name of Designated Agent			
Mailing Address			
	CITY 🔺	STATE 🔺	ZIP CODE
Title or Position ▼			
		Telephone number	

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

We	IIs Fargo Bank		
Mailing Address	8302 Woodmont Avenue		
		MD 20814	
	CITY 🔺	STATE A	ZIP CODE
Name of Bank, Deposi			
Cla	ssic City Bank		
Mailing Address	2365 W Broad St		
	Athens	GA 30606	
	CITY 🔺	STATE A	ZIP CODE

1. 💷				FEC ID	number	С			
2.				FEC ID	number	С			
3.				FEC ID	number	С			
4.				FEC ID	number	С			
Name of A	Any Connected (Organization, Affiliated	Committee, Joint Fur	ndraising Repr	resentative	, or Leade	ership P	AC Spor	nsor
EMME	R MAJORITY E	UILDERS							
Maili	ng Address	824 S. MILLEDGE AVE	. STE. 101						
		1							
		ATHENS		1	GA	3060	5	_ ,	
Delet	tionship:				STATE		ZIP C	J ∟∟ ODE ▲	
Rela									
		Organization Affiliate		pint Fundraising	Representa	itive	Leadersh	nip PAC S	Spon
	d Agent: Identify				Representa	itive	Leadersh	nip PAC S	Spon
Designated Full Na	d Agent: Identify				Representa		Leadersh	nip PAC S	Spon:
Designated Full Na	d Agent: Identify				Representa			hip PAC S	\$pon:
Designated Full Na	d Agent: Identify				Representa			hip PAC S	
Designated Full Na Mailing	d Agent: Identify ume	by name, address (phon	e number – optional)						Spon:
Designated Full Na Mailing	d Agent: Identify	by name, address (phon					Leadersh		Spon:

1.				FEC ID number	С		
2.				FEC ID number	С		
3.				FEC ID number	С		
4.				FEC ID number	С		
Name of Any Cor	nected Organizatio	n, Affiliated Committee	, Joint Fundraisi	ng Representativ	e, or Leade	ership PAC	C Sponso
		2024					
	320 1ST	ST SE					
Mailing Addre							
	, WASHIN	GTON			20003	3	
	onnected Organization	CITY A Affiliated Committe		STATE ▲		ZIP COI	
C	onnected Organization	h Affiliated Committee					
Designated Agent	onnected Organization	h Affiliated Committee					
Designated Agent	onnected Organization	h Affiliated Committee					
Designated Agent	onnected Organization	h Affiliated Committee					
Cesignated Agent Full Name	onnected Organization	h Affiliated Committee					PAC Spor
Designated Agent	onnected Organization	Affiliated Committee	- optional)	ndraising Represent		Leadership	PAC Spor

or (h). Joint Fundraising	Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
AMERICAN BATTLEG	rganization, Affiliated Committee, Joint Fundra	Ising Representativ	e, or Leadership PAC Sponsor
Mailing Address	PO BOX 30844		
Relationship:	CITY A	STATE A	
Designated Agent: Identify	by name, address (phone number – optional)		
Mailing Address			
TITLE OR POSITION	CITY A	STATE A	ZIP CODE
	L Tel	ephone Number	
Banks or Other Depositoria safety deposit boxes or main Name of Bank, Depository, etc.	es: List all banks or other depositories in which the the tensor of the tensor of the tensor of the tensor of tensor		ts funds, holds accounts, rents
	1		-

1.							
				FE	C ID number	С	
2.				FE	C ID number	С	
3.				FE	C ID number	С	
4.				FE	C ID number	С	
Name	of Any Connected	Organization,	Affiliated Committee, Join	nt Fundraising	Representative	e, or Leadership PAC Spor	nsor
GR		TY					
		228 S Washi	naton St				
1	Aailing Address						
		Ste 115					
		Alexandria					
F	Relationship:			_	STATE 🔺	ZIP CODE A	
	Connected	Organization	Affiliated Committee	imes Joint Fundr	aising Representa	tive Leadership PAC S	Sponsor
Deciar	ated Agent, Identify	by name add	and (phone number ont	ional			
-	nated Agent: Identify	by name, add	ress (phone number – opt	ional)			
Fu		by name, addr	ress (phone number – opt	ional)			
Fu	II Name	by name, addr	ress (phone number – opt	ional)			
Fu	II Name	by name, addr	ress (phone number – opt	ional)			
Fu	II Name		ress (phone number – opt	ional)		└ · · · · · · · · · · · · · · · · · · ·	
Fu	II Name	· · · · · · · · · · · · · · · · · · ·					
Fu	II Name	· · · · · · · · · · · · · · · · · · ·			STATE		
Fu Ma TI 	II Name			Telephor	ne Number	I = I = I = I = I = I = I = I = I = I =	
Fu Ma Ti Banks safety Name	II Name			Telephor	ne Number		⊥
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Fu Ma TI Banks safety Name Deposi	Il Name			Telephor	ne Number		
Fu Ma TI Banks safety Name Deposi	Il Name			Telephor	ne Number		

5(g) or (h).	Joint Fundraising) Participant:	
1	1		FEC ID number
2	2.		FEC ID number C
3	3.		FEC ID number C
2	4. 🔄 🖂 🖂 🖂		FEC ID number
6. Nam	ne of Any Connected (ising Representative, or Leadership PAC Sponsor
S	Schweikert-Lesko Vict	ory Committee	
	Mailing Address	PO Box 30844	
		Bethesda	MD 20824-0844
	Relationship:	CITY A	STATE ▲ ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint H	Fundraising Representative Leadership PAC Sponsor
		by name, address (phone number – optional)	
I	Full Name		
I	Mailing Address		
	TITLE OR POSITION		STATE ▲ ZIP CODE ▲
l		Tel	ephone Number
9. Ban safe	ks or Other Depositori ty deposit boxes or mai	es: List all banks or other depositories in which the the the the the the the the the th	ne committee deposits funds, holds accounts, rents
	ne of Bank, ository, etc.		
	Mailing Address		
1			STATE ▲ ZIP CODE ▲

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or(h). Joint Fun	draising Participant:				
1.			FEC	ID number	С
2.			FEC	ID number	С
3.			FEC	ID number	С
4.			FEC	ID number	С
Name of Any Con	nected Organization,	Affiliated Committee, Joint	Fundraising R	epresentativ	e, or Leadership PAC Sponsor
	E HOUSE 2024				
Mailing Addre	PO BOX 308	344			
			1		20824
Relationship:				STATE A	
Co	onnected Organization	Affiliated Committee	× Joint Fundraisi	ng Represent	ative Leadership PAC Spons
Full Name					
Mailing Address	3				
Mailing Address	s <u>L</u>				
Mailing Address	s <u>L</u>				
		CITY ▲			
Mailing Address					
			Telephone		
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TITLE OR PO	SITION V			Number	ZIP CODE ▲
TITLE OR PO	SITION V			Number	
TITLE OR PO Banks or Other De safety deposit boxe Name of Bank,	SITION V sor maintains funds.			Number	
TITLE OR PO Banks or Other Do safety deposit boxe Name of Bank, Depository, etc.	SITION V sor maintains funds.			Number	
TITLE OR PO Banks or Other Do safety deposit boxe Name of Bank, Depository, etc.	SITION V sor maintains funds.			Number	

)) or (h). Joint Fundrai	sing Participant:	
1.		FEC ID number
2.		FEC ID number
3.		FEC ID number
4.		FEC ID number
		Iraising Representative, or Leadership PAC Sponso
Mailing Address	P.O. BOX 2811	
Maining Address		
		FL 33806
Relationship:		STATE ▲ ZIP CODE ▲
Connec	ted Organization Affiliated Committee X Join	t Fundraising Representative Leadership PAC Spor
Full Name		
Mailing Address		
TITLE OR POSITIO	ON ▼ CITY ▲	STATE ▲ ZIP CODE ▲
	1	
	т	Felephone Number
		n the committee deposits funds, holds accounts, rents
safety deposit boxes or	maintains tunos.	
Name of Bank, Depository, etc.		
Mailing Address		
		STATE A ZIP CODE A

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(g) or (h).	Joint Fundraising	Participant:			
1.			FEC	ID number	С
2.			FEC	ID number	С
3.			FEC	ID number	C
4.			FEC	ID number	С
. Name	e of Any Connected O	rganization, Affiliated Committee, Joint Fund	draising F	Representativ	e, or Leadershin PAC Sponsor
	RIZONA VICTORY F	-			-,
	Mailing Address	320 1ST STREET, SE			
					20003
	Relationship:	CITY 🔺		STATE 🔺	ZIP CODE
	Connected	Organization	nt Fundrais	sing Represent	ative Leadership PAC Sponsor
	gnated Agent: Identify I	by name, address (phone number – optional)			
Ν	lailing Address				
		1			-
	TITLE OR POSITION \	CITY A		STATE A	ZIP CODE A
L			Telephone	Number	[[
safety Name	as or Other Depositorie y deposit boxes or main e of Bank, sitory, etc.		h the com		ts funds, holds accounts, rents
	Mailing Address				