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STATEMENT OF ORGANIZATION

				Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Brooke Taylor for C	ongress 2024			
	PO Box 731			
ADDRESS (number and street)				
 (Check if address is changed) 				
	Middleburg		VA 20	0118
	CITY ▲		STATE ▲	ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	SS			
(Check if address is changed)	info@campaignfinancial.com	m 		
is changed)	Optional Second E-Mail Add	dress		
2. DATE 09 / 19	D / Y Y Y Y 2023			
3. FEC IDENTIFICATION NU	JMBER ► C co	00851139		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined th	nis 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, Steve, , ,			
Signature of Treasurer Marti	n, Steve, , ,		Date 09	/ D D / Y Y Y Y 19 2023
NOTE: Submission of false, errone		may subject the person signing t TION SHOULD BE REPORTED		e penalties of 52 U.S.C. §3010
Office Use Only		For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		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 Taylor, Brooke, , , Candidate State VA Candidate Office REP House Senate President Party Affiliation Sought: District 10 (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).

		, ,
(h)	This committee is a political committee with	both contribution and non-contribution accounts (Hybrid PAC).
	In addition, this committee is a Lo	bbbyist/Registrant 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 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.
 Committees Participating in Joint Fundraiser
 1.
 2.

Relationship:

Connected Organization

•	FEC Form 1 (Revised 0	2/200	9)																							Paç	ge 🕻	3		
٧	Write or Type Committee Name																					,	,			,	,	,		,
	Brooke Taylor for Congress 2024																													
6.	Name of Any Connected O	rganiz	zation	, Affil	liated	d Co	omm	itte	e, J	Join	t F	unc	Irai	sing	, Re	pre	ser	ntat	ive	, o	r L	ead	lers	shir	pΡ	AC	Sp	on	sor	
								1																						
	Mailing Address																													
																											- [_			
						(CITY	′▲									STA	٩ΤΕ						ΖI	Р (COI	DE			

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

Joint Fundraising Representative

Leadership PAC Sponsor

Affiliated Organization

CFS, Com	npliance, , ,								
Full Name									
Mailing Address	PO Box 30844								
	Bethesda MD 20814								
	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 of Treasurer	Martin, Steve, , ,									
Mailing Address	PO Box 30844									
	Bethesda MD 20824									
	CITY ▲ STATE ▲ ZIP CODE ▲									
Title or Position ▼										
Treasurer	Image: Second									

FEC Form 1 (Revised 02	2/2	200)9)]	Pag	e 4	1		
Full Name of Designated Agent									[1	
Mailing Address																												
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							С	ΤY								:	STA	λΤΕ				ZI	P(ЭЕ			
Title or Position ▼																												
												Tel	eph	one	ə n	umt	ber				- [

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.

	Wells Fargo		
Mailing Address	8302 Woodmont		
	Bethesda	MD 20824	
	CITY 🔺	STATE ▲	ZIP CODE ▲
Name of Bank, [Depository, etc.		
Mailing Address			
	CITY 🔺	STATE A	ZIP CODE ▲