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05/09/2024 12 : 21

STATEMENT	OF
ORGANIZATI	ON

FEC FORM 1	STATEMEN ORGANIZA	-	O	PAGE 1 / 12
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Banks for Senate				
	PO Box 11431			
ADDRESS (number and street)				
 (Check if address is changed) 				
	Fort Wayne └────────────────────────────────────		IN 468 STATE ▲	358-1431 - L ZIP CODE ▲
COMMITTEE'S E-MAIL ADDR	ESS			
(Check if address is changed)	info@campaignfinancial.com			
	Optional Second E-Mail Addre	ess		
COMMITTEE'S WEB PAGE AI	DDRESS (URL)			
2. DATE 05	09 2024			
3. FEC IDENTIFICATION N	NUMBER ► C COOR	577999		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
I certify that I have examined	this Statement and to the best of	f my knowledge and belief it is	s true, correct and	complete.
Type or Print Name of Treasur	er Martin, Steven, , ,			
Signature of Treasurer Man	rtin, Steven, , ,		Date 05	09 / Y Y Y Y 2024
NOTE: Submission of false, error	neous, or incomplete information ma ANY CHANGE IN INFORMATIO			penalties of 52 U.S.C. §30109
Office Use Only		For further information co Federal Election Commission 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 Banks, James, E, Hon., Candidate State IN Candidate Office REP Senate House President Party Affiliation Sought: District 00 (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:

This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political (i) committees/organizations, at least one of which is an authorized committee of a federal candidate. This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political (j) committees/organizations, none of which is an authorized committee of a federal candidate. Committees Participating in Joint Fundraiser С 1.

С

2.

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FEC Form 1 (Revised 02/2009)		Page 3	6
Write or Type Committee Name			
Banks for Senate			
6. Name of Any Connected Organization, Affiliated	l Committee, Joint Fundraising	g Representative, or Leadership PAC Spo	onsor

Mailing Address	PO BOX 30844				
	BETHESDA			MD 2082	4
	(STATE A	ZIP CODE
Relationship: Connected	Organization Affiliated	Organization X	Joint Fundraisi	ng Representative	Leadership PAC Sponsor

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

CFS, Com	oliance, , ,			
Full Name				
Mailing Address	PO Box 30844			
	Bethesda		MD	20824-0844
	CIT	Y ▲	STATE 🔺	ZIP CODE
Title or Position ▼				
Custodian of Records		<u></u> г	Telephone number	01 - 654 - 3220

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

Full Name of Treasurer	Martin, Steven, , ,
Mailing Address	PO Box 30844
	Bethesda MD 20824-0844
	CITY A STATE A ZIP CODE A
Title or Position	7
Treasurer	Telephone number

FEC Form 1 (Revised 02	2/2009)	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.

Fairfax

	Star Financial Bank		
Mailing Address			
		IN 46804	
	CITY 🔺	STATE A	ZIP CODE ▲
Name of Bank, D	Depository, etc.		
	First Virginia Community Bank		
Mailing Address	11325 Random Hills Rd		
			1

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| I

CITY **▲**

VA

STATE 🔺

22030

ZIP CODE 🔺

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

i(g) or (h).	oonit i unululonig	Participant:		
1.			FEC ID number	C
2.			FEC ID number	С
3.			FEC ID number	C
4.			FEC ID number	C
	-	Organization, Affiliated Committee, Joint Fundrai	sing Representative	e, or Leadership PAC Sponsor
HO				
٢	Mailing Address	PO BOX 30844		
		BETHESDA		20824
F	Relationship:		STATE ▲	
	Connected	Organization Affiliated Committee X Joint F	undraising Represent	ative
-		by name, address (phone number – optional)		
-	nated Agent: Identify	by name, address (phone number – optional)		
Ful		by name, address (phone number - optional)		
Ful	II Name	by name, address (phone number - optional)		
Ful	II Name	by name, address (phone number - optional)		
Ful	II Name			
Ful	II Name			
Ful	II Name			
Ful Ma TI	II Name	CITY ▲ CITY ▲ Tele Es: List all banks or other depositories in which th	phone Number	
Ful Ma TI Banks safety Name	II Name	CITY ▲ CITY ▲ Tele Es: List all banks or other depositories in which th	phone Number	
Ful Ma TI Banks safety Name Deposi	II Name	CITY ▲ CITY ▲ Tele CITY ▲	phone Number	
Ful Ma TI Banks safety Name Deposi	II Name	CITY ▲ CITY ▲ CITY ▲ Tele Es: List all banks or other depositories in which the the tains funds. CITY BARK	phone Number	

CITY

STATE **A**

ZIP CODE

5(g)	or(h). Joint Fundraising	g Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	С
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fund	draising Representativ	e, or Leadership PAC Sponsor
	2024 REPUBLICAN S			
	Mailing Address	228 S. WASHINGTON STREET		
		SUITE 115		
				22314
	Relationship:	CITY A	STATE A	ZIP CODE A
	Connected	Organization Affiliated Committee X Joi	nt Fundraising Represent	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
	TITLE OR POSITION			
	I	•	L	
9.		▼ ies: List all banks or other depositories in whic	Telephone Number	
9.	Banks or Other Depositor safety deposit boxes or ma	✓ ✓ ies: List all banks or other depositories in whic intains funds. arshall Bank	Telephone Number	

Washington			20006
	CITY A	STATE 🔺	ZIP CODE

5(g) or (h). Joint Fundraising	Participant:	
	1.		FEC ID number
	2.		FEC ID number C
	3.		FEC ID number C
	4.		FEC ID number C
6. N	ame of Any Connected (Organization Affiliated Committee Joint Fundra	aising Representative, or Leadership PAC Sponsor
	BATTLEFIELD FUND		
	Mailing Address	228 S WASHINGTON ST STE 115	
		1	
		L ALEXANDRIA	VA 22314
	Relationship:		
	nelationship.	CITY A	STATE ▲ ZIP CODE ▲
8. D		by name, address (phone number – optional)	
	Full Name		
	Mailing Address		
		1	
	TITLE OR POSITION		STATE ZIP CODE
		I I I I I I I I I I I I Tel	lephone Number
sa	afety deposit boxes or mai	ies: List all banks or other depositories in which t ntains funds. BRIDGE BANK	the committee deposits funds, holds accounts, rents
		CITY 🔺	STATE A ZIP CODE A

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5(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
		Drganization, Affiliated Committee, Joint Fundrais	ing Representative	e, or Leadership PAC Sponsor
		RITY 		
	Mailing Address	421 OFFICE PARK DR		
				35223
	Relationship:	CITY 🔺	STATE 🔺	ZIP CODE
	Connected	Organization Affiliated Committee X Joint Fu	ndraising Representa	ative Leadership PAC Sponsor
B. Desig	gnated Agent: Identify	by name, address (phone number - optional)		
	gnated Agent: Identify	by name, address (phone number - optional)		
Fu		by name, address (phone number - optional)		
Fu	ull Name	by name, address (phone number - optional)		
Fu	ull Name	by name, address (phone number - optional)		
Fu	ull Name			<pre></pre>
Fu	ull Name		I I I I I I I I I I I I I I I I I I I	
Fu M B ank a safety Name	ull Name	CITY ▲ CITY ▲ Telep	hone Number	
Fu M B ank a safety Name	ull Name Iailing Address TITLE OR POSITION s or Other Depositori / deposit boxes or main a of Bank, sitory, etc.	CITY ▲ CITY ▲ Telep	hone Number	
Fu M B ank a safety Name	ull Name 1ailing Address TITLE OR POSITION s or Other Depositori / deposit boxes or main a of Bank,	CITY ▲ CITY ▲ Telep	hone Number	
Fu M B ank a safety Name	ull Name Iailing Address TITLE OR POSITION s or Other Depositori / deposit boxes or main a of Bank, sitory, etc.		hone Number	

5(g) or (h	n). Joint Fundraising	g Participant:						
	1.			FEC II	D number	С		
	2.			FEC II	D number	С		
	3.			FEC II	D number	С		
	4.			FEC II	D number	С		
6. N a	ame of Any Connected (Organization, Affil	iated Committee, Joint	Fundraising Re	presentative	e, or Leaders	hip PAC Spe	onsor
L		CTORY 2024						
L								
	Mailing Address	421 OFFICE PA	RK DR					
		BIRMINGHAM		1	AL	35223		
	Relationship:	<u> </u>	CITY A		STATE A	2		
	Connected	Organization	Affiliated Committee	Joint Fundraisin	g Representa	ative Lea	adership PAC	Sponsor
8. De	signated Agent: Identify	by name, address	(phone number – optio	nal)				
	Full Name							
	Mailing Address							
				1			-	
	TITLE OR POSITION	▼			STATE A	ZII	P CODE 🔺	
				Telephone N	lumber		[
9. Ba	inks or Other Depositor	ies: List all banks	or other depositories in	which the comm	ittee deposit	s funds, holds	accounts, re	ents
	fety deposit boxes or mai	ntains funds.						onto
	me of Bank, pository, etc.							
	Mailing Address							
1			CITY A		STATE 🔺	ZI	P CODE 🔺	I

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

ZIP CODE

5(g))or(h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.	-	Organization, Affiliated Committee, Joint Fundra ASSIC COMMITTEE	aising Representative,	or Leadership PAC Sponsor
	Mailing Address			
	C C	SUITE 115		
				22314
	Relationship:		STATE A	
8.		d Organization Affiliated Committee X Joint	Fundraising Representat	ive Leadership PAC Sponsor
	Full Name			
	Mailing Address			
		CITY ▲		
	TITLE OR POSITION	▼ 0111 ▲		
		1		
		Te	lephone Number	
9.	safety deposit boxes or ma	ries: List all banks or other depositories in which		funds, holds accounts, rents
9.		ries: List all banks or other depositories in which	the committee deposits	
9.	safety deposit boxes or ma Name of Bank,	ries: List all banks or other depositories in which a aintains funds.	the committee deposits	

1 1

STATE 🔺

5(g) o	r(h). Joint Fundraisin	g Participant:		
	1		FEC ID number	С
	2.		FEC ID number	С
	3.		FEC ID number	С
	4.		FEC ID number	С
6.	CORNYN VICTORY	Organization, Affiliated Committee, Joint Fundra	lising Representative	e, or Leadership PAC Sponsor
	Mailing Address	PO BOX 13026		
			TX	78711
	Relationship:		STATE 🔺	ZIP CODE
	Connected	d Organization	Fundraising Representa	tive Leadership PAC Sponsor
8.		/ by name, address (phone number - optional)		
8.	Designated Agent: Identify	y by name, address (phone number – optional)		
8.		y by name, address (phone number – optional)		
8.	Full Name	y by name, address (phone number - optional)		
8.	Full Name	y by name, address (phone number - optional)		
8.	Full Name			· · · · · · · · · · · · · · · · · · ·
8.	Full Name		I I I I I I I I I I I I I I I I I I I	· · · · · · · · · · · · · · · · · · ·
9.	Full Name		ephone Number	
9.	Full Name Mailing Address TITLE OR POSITION		ephone Number	
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or ma Name of Bank,		ephone Number	
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or main Name of Bank, Depository, etc.		ephone Number	
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or main Name of Bank, Depository, etc.		ephone Number	

5(g) or	(h). Joint Fundraising	y Participant:	
	1.		FEC ID number
	2.		FEC ID number C
	3.		FEC ID number
	4.		FEC ID number
6. N	Name of Any Connected (aising Representative, or Leadership PAC Sponsor
	Mailing Address	PO BOX 9891	
			VA 22219
	Relationship:	CITY 🔺	STATE A ZIP CODE A
	Connected	Organization X Affiliated Committee Joint	Fundraising Representative Leadership PAC Sponsor
8. D	Designated Agent: Identify	by name, address (phone number - optional)	
	Full Name		
	Mailing Address		
		1	
	TITLE OR POSITION		STATE ▲ ZIP CODE ▲
			lephone Number
	anks or Other Depositor afety deposit boxes or mai		the committee deposits funds, holds accounts, rents
	lame of Bank, Depository, etc.		
	Mailing Address		
1		CITY 🔺	STATE ▲ ZIP CODE ▲