

**FEC
FORM 1****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

Brooksbank for Congress

ADDRESS (number and street)

320 Clyde Ave

☐(Check if address
is changed)

Clarksville

CITY ▲

IN

STATE ▲

47129

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐(Check if address
is changed)

rpbrooksbank@gmail.com

Optional Second E-Mail Address

rpbrooksbank@aol.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐(Check if address
is changed)

2. DATE

MM / DD / YYYY
06 / 23 / 2024

3. FEC IDENTIFICATION NUMBER ►

C C00881771

4. IS THIS STATEMENT

☒

NEW (N)

OR

☐

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Brooksbank, Russell, , ,

Signature of Treasurer Brooksbank, Russell, , ,

Date

MM / DD / YYYY
06 / 23 / 2024

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

5. TYPE OF COMMITTEE:

Candidate Committee:

- (a) ☒ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate Brooksbank, Russell, Paul, ,

Candidate Party Affiliation LIB Office Sought: ☒ House ☐ Senate ☐ President State IN District 09

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) ☐ This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party

Political Action Committee (PAC):

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 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:

- (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. _____

C _____

C _____

Write or Type Committee Name

Brooksbank for Congress

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: ☐ Connected Organization ☐ Affiliated Organization ☐ Joint Fundraising 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.

Full Name Brooksbank, Russell, , ,

Mailing Address 320 Clyde Ave

Clarksville

IN

47129

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Candidate

Telephone number

502

494

9943

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 Brooksbank, Russell, , ,

Mailing Address 320 Clyde Ave

Clarksville

IN

47129

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Telephone number

502

494

9943

Full Name of
Designated
Agent

Brooksbank, Russell, , ,

Mailing Address

320 Clyde Ave

Clarksville

IN

47129

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Telephone number

502

494

9943

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.

US Bank

Mailing Address

2115 E Spring St

New Albany

IN

47150

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲