(Revised 06/2012)

Only

STATEMENT OF

PAGE 1 / 6 =

FORM 1		0	RGAN	IIZAT	101	1												
1. NAME OF	£II)		Check if nam		-	e:If typ	ing, typ	ре	1.	2FE	4M!	_	ffice (Jse Or	nly			
COMMITTEE (ir			s changed)	C	over the	e lines.					_			_				
31 Days PA	C 																	
			<u> </u>															
ADDRESS (number a	nd street)	PO Box	30844													<u> </u>		Ш
X ◀ (Check if a is changed	address			1 1 1	1 1	1 1		I	1 1		l I	1 1	ı	1 1	ı	1 1	ı	.
is changed	<i>1)</i>	Bethesd	a							мD		20	824		-			
		CI	TY 🛦						S	ATE	A			Z	IP C	ODE	A	
COMMITTEE'S E-MA	AIL ADDRE	SS																
(Check if a is changed		info@ca	ampaignfinanc	cial.com														Ш
	,	Optional	Second E-Ma	ail Address	3													
COMMITTEE'S WEB		DRESS (U	RL)															
(Check if a is changed																		
																		Ш
2. DATE 0			y y y 2024															
3. FEC IDENTIFIC	CATION N	JMBER)		C0078	6368													
4. IS THIS STATEM	MENT	NEW	(N) O	R	×	AME	NDED	(A)										
I certify that I have e	examined th	nis Stateme	ent and to the	best of m	ny knov	wledge	and be	elief i	t is tr	ue, c	orrec	t and	d con	nplete	€.			
Type or Print Name	of Treasure	r <u>Martin, S</u>	Steven,,,															
Signature of Treasure	er <u>M</u> arti	n, Steven, ,	,					_	Date	€	07	7	/ D	03	/		24	Y
NOTE: Submission of	false, erron		omplete inform										pena	alties	of 52	2 U.S.	.C. §0	30109.
Office Use						r further deral Ele				t:				C F		RM .	1	_

Toll Free 800-424-9530

Local 202-694-1100

EC	Form 1 (Revised 03/2022)	Page 2
	YPE OF COMMITTEE:	
	andidate Committee:	
) This committee is a principal campaign committee. (Complete the candidate information below.)	
	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	candidate
	Name of Candidate	
	Candidate Office House Senate President	State
	This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	Name of Candidate	
-	arty Committee:	
	This committee is a (National, State (Democratic, or subordinate) committee of the Republican, e	tc.) Party
	olitical Action Committee (PAC):	
	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 Org	anization
	Membership Organization Trade Association Cooperation	/e
	In addition, this committee is a Lobbyist/Registrant PAC.	
	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).
	In addition, this committee is a Lobbyist/Registrant PAC.	
,	pint Fundraising Representative:	
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Committees Participating in Joint Fundraiser	
	1C	

	FEC Form 1 (Revised 0	2/2009)	Page 3
V	/rite or Type Committee Name		_
	31 Days PAC		
6.	=	rganization, Affiliated Committee, Joint Fundraising Representative, or Leaders	hip PAC Sponsor
	ELLZEY, JOHN KEV	IN SR, , ,	1
		PO BOX 341027	1
	Mailing Address		
		AUSTIN TX 78734	-
		OTATE A	71D 00DE 4
			ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Representative X L	eadership PAC Sponsor
 7.	Custodian of Records: Identi	ify by name, address (phone number optional) and position of the person in possessi	on of committee
•	books and records.	-, -, -, -, -, -, -, -, -, -, -, -, -, -	
	CES Comm	lianca	
	CFS, Comp	лапсе, , , 	
		PO Box 30844	
	Mailing Address		
		Bethesda MD 20824	[-] [
	Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
		201	SE4
	Custodian of Records	Telephone number	654 - 3220
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the na assistant treasurer).	me and address of
	Full Name Martin, Ste	ven	
	of Treasurer	,,, 	
	Mailing Address	PO Box 30844	1
		Bethesda MD 20824	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼	OIT I	2.1 OODL =
	Treasurer	1 301 1 1	654 3220
		Telephone number	

FEC Form 1	(Revised 02/2009)		Page 4
Full Name of Designated	(1.01.003 02.2000)		
Agent			
Mailing Address			
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
	Telephone r	number	
Banks or Other safety deposit bo	Depositories: List all banks or other depositories in which the commetes or maintains funds.	ittee deposits f	unds, holds accounts, rents
Name of Bank, D	epository, etc.		
	Wells Fargo		
Mailing Address	8302 Woodmont Avenue		
	Bethesda	MD	20814
	CITY A	STATE ▲	ZIP CODE ▲
Name of Bank, [epository, etc.		
	<u> </u>		
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

Paga	of 6	
Page	01	

VICTORY FUN PO BC BETHE	OX 30844 ESDA CITY A	X	FEC	C ID number C ID number C ID number C ID number Representat MD STATE	C C	eadership PAC 0824 ZIP CODI Leadership F	E A
VICTORY FUN PO BC BETHE	DX 30844 ESDA CITY A	X	FEC	C ID number C ID number Representat	ive, or L	0824 ZIP CODI	E A
VICTORY FUN PO BC BETHE	DX 30844 ESDA CITY A	X	FEC	Representat MD STATE	ive, or Lo	0824 ZIP CODI	E A
VICTORY FUN PO BC BETHE	DX 30844 ESDA CITY A	X	Joint Fundra	Representat	ive, or Lo	0824 ZIP CODI	E A
VICTORY FUN PO BC BETHE	DX 30844 ESDA CITY A	X	Joint Fundra	MD STATE		0824 ZIP CODI	
VICTORY FUN PO BC BETHE	DX 30844 ESDA CITY A	X	Joint Fundra	MD STATE		0824 ZIP CODI	
PO BC BETHE	DX 30844 ESDA CITY A	nmittee X	'	STATE .		ZIP CODI	
BETHE	ESDA CITY A	nmittee X	'	STATE .		ZIP CODI	
BETHE	ESDA CITY A	nmittee X	'	STATE .		ZIP CODI	
BETHE	ESDA CITY A	nmittee X	'	STATE .		ZIP CODI	
nnected Organizat	CITY A	nmittee X	'	STATE .		ZIP CODI	
nnected Organizat	CITY A	nmittee X	'	STATE .		ZIP CODI	
	Affiliated Com	nmittee X	'				
			'	ising Represe	ntative	Leadership F	PAC Sp
1							
		1 1 1 1				-	1 1
SITION V	CITY A			STATE A		ZIP CODE	A
		, , I	Telephone	e Number		- -	
			<u> </u>				
_		SITION ▼ CITY ▲ epositories: List all banks or other deps or maintains funds.	SITION ▼ CITY ▲ epositories: List all banks or other depositories in was or maintains funds.	SITION ▼ CITY ▲ Telephon epositories: List all banks or other depositories in which the cors or maintains funds.	SITION ▼ CITY ▲ STATE ▲ Telephone Number Positories: List all banks or other depositories in which the committee depositories in which the committee depositories.	SITION CITY STATE Telephone Number Epositories: List all banks or other depositories in which the committee deposits funds or maintains funds.	SITION CITY STATE ZIP CODE Telephone Number positories: List all banks or other depositories in which the committee deposits funds, holds account

FEC Form 1S (Revised 02/2017)

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

Page ____ **of** 6____

1.						
				FEC I	D number	C
2. 🔟				FEC I	D number	С
3				FEC I	D number	С
4				FEC I	D number	С
	Any Connected	=	filiated Committee, Joint	Fundraising Re	presentativ	e, or Leadership PAC Spons
Maili	ng Address	PO BOX 30844	4			
		BETHESDA			MD	20824
			CITY A		STATE A	ZIP CODE ▲
Designated	d Agent: Identify	d Organization	-	Joint Fundraisin	ng Represent	tative Leadership PAC Sp
Designated Full Na	Connected d Agent: Identify me		Affiliated Committee		ng Represent	Leadership PAC Sp
Designated Full Na	Connected d Agent: Identify		Affiliated Committee		ng Represent	Leadership PAC Spo
Designated Full Na	Connected d Agent: Identify me		Affiliated Committee		ng Represent	Leadership PAC Spr
Designated Full Na Mailing	Connected d Agent: Identify me Address	by name, addres	Affiliated Committee			
Designated Full Na Mailing	Connected d Agent: Identify	by name, addres	Affiliated Committee		STATE A	Leadership PAC Spr