

FEC
FORM 1STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (in full) (Check if name
is changed) Example: If typing, type
over the lines.

12FE4M5

BEN CLINE FOR CONGRESS, INC.

ADDRESS (number and street)

P.O. BOX 1536

 (Check if address
is changed)

LEESBURG

CITY ▲

VA

20177

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

 (Check if address
is changed)

INFO@BENCLINEFORCONGRESS.COM

Optional Second E-Mail Address

LAURAKBELLMC@GMAIL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

 (Check if address
is changed)

WWW.BENCLINE.COM

2. DATE

M M / D D / Y Y Y Y
12 / 23 / 2025

3. FEC IDENTIFICATION NUMBER ►

C C00661561

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 MCMENAMIN, LAURA, , ,

Signature of Treasurer MCMENAMIN, LAURA, , ,

Date

M M / D D / Y Y Y Y
01 / 24 / 2026NOTE: 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 202-694-1100FEC FORM 1
(Revised 06/2012)

Write or Type Committee Name

BEN CLINE FOR CONGRESS, INC.**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

CLINE VICTORY COMMITTEE

Mailing Address

PO BOX 1048

LEESBURG

VA

20177

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

MCMENAMIN, LAURA, , ,

Mailing Address

40898 SPECTACULAR BID PLACE

LEESBURG

VA

20176

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

TREASURER

Telephone number

703 - 887 - 3988

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

MCMENAMIN, LAURA, , ,

Mailing Address

40898 SPECTACULAR BID PLACE

LEESBURG

VA

20176

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

TREASURER

Telephone number

703 - 887 - 3988

Full Name of
Designated
Agent

PARANA, CHRISTOPHER, , ,

Mailing Address

912 SAINT MICHAEL DR

GAMBRILLS

MD

21054

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

ASSISTANT TREASURER

Telephone number

703

250

0496

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.

ATLANTIC UNION BANK

Mailing Address

2101 FOREST AVENUE

BUENA VISTA

VA

24416

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲