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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) TAKE BACK AZ-02 REPUBLICAN NOMINEE FUND 2020 PO BOX 30844 ADDRESS (number and street) (Check if address is changed) **BETHESDA** 20824 MD CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@campaignfinancial.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00702423 FEC IDENTIFICATION NUMBER > 3. X 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. MARTIN, STEVEN, , , Type or Print Name of Treasurer MARTIN, STEVEN, , , [Electronically Filed] 01 23 2020 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

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		OMMITTEE				
	andidate Committee:					
(a)	Ш	This committee is a principal campaign committee. (Complete the candidate information below.)				
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	plete the candidate			
	ne of didate					
	didate y Affiliatio	Office Sought: House Senate President	State			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District			
	ne of didate					
Par	Party Committee:					
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, Republican, etc.) Party.			
Pol	itical A	ction Committee (PAC):				
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cont	nected 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.				
(5)		_	areasted fund or porty			
(f)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fulld of party			
		In addition, this committee is a Lobbyist/Registrant PAC.				
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Joir	nt Fund	raising Representative:				
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political			
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political			
	Com	mittees Participating in Joint Fundraiser				
	1.	FEC ID number				
	2.	FEC ID number				
	3.	FEC ID number				
	4.					

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W	/rite or Type Committee Name		. 3
	TAKE BACK AZ	Z-02 REPUBLICAN NOMINEE FUND 2020	
6.	Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
Ta	ake Back the House	2020	
	Mailing Address	PO Box 30844	
	Mailing Address		
		Bethesda MD 20824	
		CITY STATE ZIF	P CODE
	_		CODE
	Relationship: Connected	d Organization Affiliated Committee X Joint Fundraising Representative Leade	rship PAC Sponsor
	Custodian of Records: Ider books and records.	ntify by name, address (phone number optional) and position of the person in posses	ssion of committee
	Campaign	, Financial Services, , ,	
	Full Name		
	Mailing Address	PO Box 30844	
		Bethesda MD 20824	
	Title or Position	CITY STATE ZIF	P CODE
	Custodian of Records	1 301 1 654	4 3220 .
		Telephone number	- 3220
,	Traccurer, List the name on	d address (phone number - entional) of the treesurer of the committee and the name	and address of
٠.	any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	and address of
	Full Name MARTIN, S	STEVEN, , ,	
	Mailing Address	PO BOX 30844	
	g		
		BETHESDA MD 20824	. _
		CITY STATE ZIP	P CODE
	Title or Position Treasurer		3220
		Telephone number	

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Full Name of Designated Agent		
Mailing Address		
	CITY STATE ZIP	CODE
Title or Position		
	Telephone number	
Panks or Other F	Depositories: List all banks or other depositories in which the committee deposits funds, holds ac	counts, rents
safety deposit box	xes or maintains funds.	
safety deposit box Name of Bank, De	xes or maintains funds.	
safety deposit box Name of Bank, De	xes or maintains funds.	
safety deposit box Name of Bank, De	xes or maintains funds. Depository, etc.	
safety deposit box Name of Bank, De	ces or maintains funds. Depository, etc. Capital One Bank	
safety deposit box Name of Bank, De	ces or maintains funds. Depository, etc. Capital One Bank	
safety deposit box Name of Bank, De	Repository, etc. Capital One Bank 4825 Cordell Avenue Bethesda MD 20814	CODE
safety deposit box Name of Bank, De	Repository, etc. Capital One Bank 4825 Cordell Avenue Bethesda CITY STATE ZIP	CODE
Safety deposit box Name of Bank, De Mailing Address	Repository, etc. Capital One Bank 4825 Cordell Avenue Bethesda CITY STATE ZIP Tepository, etc.	CODE
Safety deposit box Name of Bank, De Mailing Address	Repository, etc. Capital One Bank 4825 Cordell Avenue Bethesda CITY STATE ZIP Repository, etc.	CODE
Safety deposit box Name of Bank, De Mailing Address	Repository, etc. Capital One Bank 4825 Cordell Avenue Bethesda CITY STATE ZIP Tepository, etc.	CODE
Safety deposit box Name of Bank, De Mailing Address	Repository, etc. Capital One Bank 4825 Cordell Avenue Bethesda CITY STATE ZIP Tepository, etc.	CODE

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

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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
3.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	ising Representative	, or Leadership PAC Sponsor
	Mailing Address			
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	I Organization Affiliated Committee Joint I	Fundraising Representa	tive Leadership PAC Sponsor
3.		by name, address (phone number - optional)		
3.	Full Name	by name, address (phone number – optional)		
3.		by name, address (phone number – optional)		
3.	Full Name	by name, address (phone number – optional)		
3.	Full Name	by name, address (phone number – optional)		
3.	Full Name	CITY	STATE A	ZIP CODE A
3.	Full Name	CITY A		
3.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main sa	CITY A Tele ries: List all banks or other depositories in which the	STATE ▲ ephone Number	ZIP CODE A
3.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositors afety deposit boxes or main the same of Bank, Depository, etc.	CITY CITY Tele ries: List all banks or other depositories in which the intains funds.	STATE ▲ ephone Number	ZIP CODE A
3. •	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main sa	CITY CITY Tele ries: List all banks or other depositories in which the intains funds. Fargo Bank	STATE ▲ ephone Number	ZIP CODE A
3.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositors afety deposit boxes or main the same of Bank, Depository, etc.	CITY CITY Tele ries: List all banks or other depositories in which the intains funds. Fargo Bank	STATE ▲ ephone Number	ZIP CODE A