FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) Building and Restoring the American Dream Fund PO Box 30844 ADDRESS (number and street) (Check if address is changed) Bethesda 20824 MD CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address info@campaignfinancial.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00590356 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. Type or Print Name of Treasurer Carroll, Robert, E., , CPA Carroll, Robert, E., , CPA Date 04 15 2024 Signature of Treasurer 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

EC Form 1 (Revised 03/2022)	Page 2
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 information below.)	the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate President	State
(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 Republication.	atic, an, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conne	cted organization is a:
Corporation Corporation w/o Capital Stock Labor	r Organization
	erative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) X This committee supports/opposes more than one Federal candidate, and is NOT a separate segregation committee. (i.e., nonconnected committee)	ated 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.)	
(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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
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
Committees Participating in Joint Fundraiser	
1C	

ı	FEC Form 1 (Revised	d 02/2009)	Page 3
V	Vrite or Type Committee Nar	·	
		estoring the American Dream Fund	
6.		Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	lership PAC Sponsor
	Wenstrup, Brad, , [Or.,	1
	Mailing Address	PO Box 9551	
		Cincinnati OH 4520)9
		CITY ▲ STATE ▲	ZIP CODE ▲
	Polotionobin: Connect	ed Organization Affiliated Organization Joint Fundraising Representative	★ Leadership PAC Sponso
	Relationship: Connecte	ou Organization Anniated Organization Joint Fundraising Representative ,	X Leadership PAC Sponse
7.		entify by name, address (phone number optional) and position of the person in posse	ession of committee
	books and records.		
	Campai	gn, Financial Services, , ,	
	Full Name	, , , , , , , , , , , , , , , , , , ,	
	Mailing Address	PO Box 30844	
	Mailing Address		
		Bethesda MD 2082	24
	Title or Decition —	CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Custodian of Records	Telephone number	654 - 3220
8.	Treasurer: List the name a	and address (phone number optional) of the treasurer of the committee; and the	name and address of
	any designated agent (e.g.		
	Full Name Carroll.	Robert, E., , CPA	
	of Treasurer	NODER, E., , OFA	
		₁ PO Box 30844	
	Mailing Address		
		Bethesda MD 2082	24
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer		967 - 5528

FEC Form 1	(Revised 02/2009)		Page 4
Full Name of Designated			
Agent			
Mailing Address			
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
	Telephone r	number	
	Depositories: List all banks or other depositories in which the commes or maintains funds.	nittee deposits t	funds, holds accounts, rents
Name of Bank, D	epository, etc.		
	Wells Fargo Bank		
Mailing Address	7901 Wisconsin Avenue		
	Bethesda	^{MD}	20814
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.		
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

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n). Joint Fundraisi	ig raiticipant.		
1.		FEC ID number	С
2		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
-	Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spon
Brad Wenstrup Victo	ry Funa 		
Mailing Address	PO Box 30844		
	Bethesda	MD MD	20824
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Connecte	Affiliated Committee X Jorganization	oint Fundraising Represent	ative Leadership PAC Sp
Connecte		oint Fundraising Represent	ative Leadership PAC Sp
Connecte		oint Fundraising Represent	ative Leadership PAC Sp
Connecte esignated Agent: Identif		oint Fundraising Represent	ative Leadership PAC Sp
Connecte esignated Agent: Identif		pint Fundraising Represent	ative Leadership PAC Sp
Connecte esignated Agent: Identif	y by name, address (phone number – optional)	oint Fundraising Represent	Leadership PAC Sp
Connected Agent: Identification of the Connected Agent: I	y by name, address (phone number – optional)		
Connected Agent: Identification of Bank, Connected Agent: Identification of Connected	cories: List all banks or other depositories in while aintains funds.	STATE A Telephone Number	ZIP CODE A
Connected sesignated Agent: Identification of the position of	cories: List all banks or other depositories in while aintains funds.	STATE A Telephone Number	ZIP CODE A
Connected Agent: Identification of Bank, Connected Agent: Identification of Connected	cories: List all banks or other depositories in while aintains funds.	STATE A Telephone Number	ZIP CODE A
Connected sesignated Agent: Identification of the position of	cories: List all banks or other depositories in while aintains funds.	STATE A Telephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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

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h). Joint Fundraisin	g Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
		, 	
ame of Any Connected	Organization, Affiliated Committee, Joint Fur	ndraising Representative	e, or Leadership PAC Sponsor
BUCKEYE JOINT FU	NDRAISING COMMITTEE		
Mailing Address	228 S. WASHINGTON ST.		
	STE. 115		
	ALEXANDRIA	, VA	22314
Relationship:	CITY A	STATE A	ZIP CODE ▲
		pint Fundraising Representa	
esignated Agent: Identify	by name, address (phone number - optional)		
esignated Agent: Identify Full Name	by name, address (phone number – optional)		
	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	CITY	STATE A	ZIP CODE A
Full Name	CITY		ZIP CODE A

FEC Form 1S (Revised 02/2017)

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

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h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4		FEC ID number	C
-	Organization, Affiliated Committee, Joint Fundre	aising Representativ	e, or Leadership PAC Spons
Mailing Address	PO BOX 30844		
Relationship:	BETHESDA CITY	MD STATE ▲	20824 ZIP CODE ▲
r totation or tip:	*··· —		
Connecte		Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	ed Organization Affiliated Committee X Joint	Fundraising Represent	ative Leadership PAC Spo
Connecte esignated Agent: Identi	ed Organization Affiliated Committee X Joint	Fundraising Represent	ative Leadership PAC Spo
esignated Agent: Identi	ed Organization Affiliated Committee X Joint	Fundraising Represent	ative Leadership PAC Spo
esignated Agent: Identi	Affiliated Committee X Joint fy by name, address (phone number – optional)		
esignated Agent: Identi	Affiliated Committee X Joint fy by name, address (phone number – optional)	Fundraising Represent	Leadership PAC Spo
esignated Agent: Identi Full Name Mailing Address	Affiliated Committee X Joint fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	Affiliated Committee X Joint fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A elephone Number the committee deposit	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	Affiliated Committee X Joint fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which aintains funds.	STATE A elephone Number the committee deposit	ZIP CODE ZIP CODE ss funds, holds accounts, rents