FEC

Only

STATEMENT OF **ORGANIZATION**

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FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) GT Farm Team 2024 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 C00805333 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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 Martin, Steven,, Martin, Steven, . . 05 23 2024 Signature of Treasurer Date 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

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5. TYPE OF COMMITT	EE:		
Candidate Commi	ittee:		
(a) This commi	ttee is a principal campaign committee. (Complete the candidate	information b	pelow.)
(b) This commi information	ttee is an authorized committee, and is NOT a principal campaig below.)	n committee.	. (Complete the candidate
Name of Candidate			
Candidate Party Affiliation	Office Sought: House Senate	Pr	State resident District
(c) This commi	ttee supports/opposes only one candidate, and is NOT an author	rized committ	
Name of Candidate			
Party Committee:			(D
(d) This commi	ttee is a (National, State or subordinate) committee of the		(Democratic, Republican, etc.) Party
Political Action C	ommittee (PAC):		
(e) This commi	ttee is a separate segregated fund. (Identify connected organizati	on on line 6.	.) Its connected organization is a:
Corpoi	ration Corporation w/o Capital Stoc	k	Labor Organization
	ership Organization Trade Association		Cooperative
In	addition, this committee is a Lobbyist/Registrant PAC.		
(f) This commi	ttee supports/opposes more than one Federal candidate, and is li.e., nonconnected committee)	NOT a separ	rate segregated 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 commi	ttee is an independent expenditure-only political committee (Supe	r PAC).	
	addition, this committee is a Lobbyist/Registrant PAC.		
(h) This commi	ttee is a political committee with both contribution and non-contri	bution accou	nts (Hybrid PAC).
	addition, this committee is a Lobbyist/Registrant PAC.		
Joint Fundraising	Representative:		
(i) X This commi	ttee collects contributions, pays fundraising expenses and disburs forganizations, at least one of which is an authorized committee	•	·
(1)	ttee collects contributions, pays fundraising expenses and disburs forganizations, none of which is an authorized committee of a fec	•	·
Committees Partic	cipating in Joint Fundraiser		
	VEZ-DEREMER FOR CONGRESS	C	C00784520
_{2.} MONICA F	FOR CONGRESS	С	C00765719

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٧	/rite or Type Committee Name		. ago c
	GT Farm Team 2	2024	
3.	Name of Any Connected Or	rganization, Affiliated Committee, Joint Fundraising Representative, or Lea	dership PAC Sponsor
	NONE		
	Mailing Address		
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Representative	Leadership PAC Sponso
7.	Custodian of Records: Idention books and records.	fy by name, address (phone number optional) and position of the person in pos	session of committee
	CFS, Comp	pliance, , ,	
	Full Name		
	Mailing Address	PO Box 30844	
		Bethesda MD 208	824
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	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 assistant treasurer).	ne name and address of
	Full Name Martin, Sterof Treasurer	ven, , ,	
	Mailing Address	PO BOX 30844	
		1	
		BETHESDA MD 200	824
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		054
	Treasurer	301 Telephone number	- L 654 - L 3220

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Full Name of Designated Agent		
Mailing Address		
Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
	Telephone number	
	epositories: List all banks or other depositories in which the committee deposits es or maintains funds.	s funds, holds accounts, rents
Name of Bank, De	pository, etc.	
	Wells Fargo	
Mailing Address	8302 Woodmont Avenue	
	BETHESDA	20814
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, De	pository, etc.	
L		
Mailing Address		
	CITY ▲ STATE ▲	ZIP CODE ▲

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

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or(h). Joint Fundraisin	y Participant:			
FINSTAD FOR CONGRI	:SS 	FEC	ID number	C C00807743
2. IOWANS FOR ZACH	NUNN 	FEC	ID number	C C00784389
VAN ORDEN FOR CO	NGRESS	FEC	ID number	C C00742007
4. JOHN DUARTE FOR C	ONGRESS	FEC	ID number	C C00808279
Name of Any Connected	Organization, Affiliated Committe	e, Joint Fundraising l	Representativ	e, or Leadership PAC Sponsor
Mailing Address				
	1		I I I I	I I-I
Relationship:	CITY A		STATE A	ZIP CODE ▲
Connected	Organization Affiliated Comm	ittee loint Fundrai	sing Represent	ative Leadership PAC Spons
Full Name				
Mailing Address				
	1			I I-I
TITLE OR POSITION	CITY A		STATE ▲	ZIP CODE ▲
I I I I I I I I I I I I I I I I I I I	•	Telephone	Number	- -
		releptione	riumber	
Banks or Other Depositor safety deposit boxes or ma	ies: List all banks or other depos intains funds.	itories in which the con	nmittee deposi	s funds, holds accounts, rents
safety deposit boxes or ma		itories in which the con	nmittee deposi	s funds, holds accounts, rents
			nmittee deposi	
safety deposit boxes or ma				
Name of Bank, Depository, etc.				
Name of Bank, Depository, etc.				

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

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5(g) or ((h). Joint Fundraisir	ng Participant:				
	1. MAX MILLER FOR CO	NGRESS		FEC	ID number	C C00770818
	2. BARRY MOORE FO	R CONGRESS		FEC	ID number	C C00720375
	3.			FEC	ID number	C
	4.			FEC	ID number	С
6. N	lame of Any Connected	Organization, Affilia	ted Committee, Joint I	Fundraising R	epresentative	e, or Leadership PAC Sponsor
	Mailing Address					
	Relationship:	_	CITY A		STATE ▲	ZIP CODE ▲
_		d Organization	ffiliated Committee	Joint Fundrais		Leadership PAC Sponso
8. D	Designated Agent: Identif	y by name, address (phone number – option	al)		
8. D	Pesignated Agent: Identif	y by name, address (phone number – option	al)		
8. D		y by name, address	phone number – option	al)		
8. D	Full Name	y by name, address	phone number – option	al)		
8. D	Full Name	y by name, address	phone number – option	al)		
8. D	Full Name		phone number – option	al)	STATE A	ZIP CODE A
8. D	Full Name			al) Telephone		ZIP CODE A
— 9. B sa	Full Name Mailing Address TITLE OR POSITION	ories: List all banks o	CITY A	Telephone	Number	ZIP CODE s funds, holds accounts, rents
— 9. B sa	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or mail and the composition of Bank, Depository, etc.	ories: List all banks o	CITY A	Telephone	Number	