PAGE 1/7

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Take Back the House California 2022 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 2022 C00809632 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] 03 18 2022 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

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
Car	ndidate	Committee:	
(a)	Ш	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. (Compinformation below.)	plete the candidate
	ne of didate		
	didate y Affiliatio	Office Sought: House Senate President	State
			District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	ne of didate		
Par	ty Con	nmittee:	_
(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 connected organization on line 6.)	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.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated 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.)	
Joir	nt Fund	raising Representative:	
(g)	×	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw 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.	KEVIN MCCARTHY FOR CONGRESS FEC ID number C C004	20935
	2.	MAJORITY COMMITTEE PAC MC PAC FEC ID number C C004	28052
	3.	NRCC FEC ID number C C000	75820
	4.	MIKE GARCIA FOR CONGRESS               FEC ID number   C	01102

FEC <b>Form 1</b> (Revise	ed 02/2009)	Page <b>3</b>
Write or Type Committee Na	nme	
Take Back the	e House California 2022	
6. Name of Any Connected	d Organization, Affiliated Committee, Joint Fundraising Representative	, or Leadership PAC Sponsor
NONE		
Mailing Address		
-		
	CITY STATE	ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee Joint Fundraising Represent	ative Leadership PAC Sponsor
Custodian of Records: lo books and records.	dentify by name, address (phone number optional) and position of the p	person in possession of committee
CFS, C	ompliance, , ,	
Mailing Address	PO Box 30844	
<b>3</b>		
	Bethesda MD	20824
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number	301 - 654 - 3220
Treasurer: List the name any designated agent (e.g.)	and address (phone number optional) of the treasurer of the committee ., assistant treasurer).	; and the name and address of
Full Name Martin, of Treasurer	Steven, , ,	
Mailing Address	PO Box 30844	
	Bethesda   MD	20824
Title or Position Treasurer	CITY STATE  Telephone number	ZIP CODE  301  -   654  -   3220  -

FEC <b>For</b>	m 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Mailing Address		
maming / taur eee		
	CITY	ZIP CODE
Title or Position	CITY STATE	ZIP CODE
I		
safety deposit b	r Depositories: List all banks or other depositories in which the committee deposits funds, ho oxes or maintains funds.  Depository, etc.	
safety deposit b	Depository, etc.  Wells Fargo Bank  18302 Woodmont Avenue	
safety deposit b Name of Bank,	Depository, etc.  Wells Fargo Bank  18302 Woodmont Avenue	
safety deposit b Name of Bank,	Depository, etc.  Wells Fargo Bank  18302 Woodmont Avenue	
safety deposit b Name of Bank,	Depository, etc.  Wells Fargo Bank  8302 Woodmont Avenue	
safety deposit b Name of Bank,	Depository, etc.  Wells Fargo Bank  8302 Woodmont Avenue  Bethesda  CITY  STATE	
safety deposit b Name of Bank, Mailing Address	Depository, etc.  Wells Fargo Bank  8302 Woodmont Avenue  Bethesda  CITY  STATE  Depository, etc.	ZIP CODE
safety deposit b Name of Bank, Mailing Address  Name of Bank,	Depository, etc.  Wells Fargo Bank  8302 Woodmont Avenue  Bethesda  CITY  STATE  Depository, etc.	ZIP CODE
safety deposit b Name of Bank, Mailing Address	Depository, etc.  Wells Fargo Bank  8302 Woodmont Avenue  Bethesda  CITY  STATE  Depository, etc.	ZIP CODE
safety deposit b Name of Bank, Mailing Address  Name of Bank,	Depository, etc.  Wells Fargo Bank  8302 Woodmont Avenue  Bethesda  CITY  STATE  Depository, etc.	ZIP CODE

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

FEC Form 1S (Revised 02/2017)

Page \_\_\_\_ **of** \_\_\_\_\_

9. Bank safety Name	as or Other Depositority deposit boxes or maile of Bank, esitory, etc.  Mailing Address		other depositories in	n which the		ee deposits	s fun	ds, holds accounts, rents
9. Bank safety Name	y deposit boxes or maine of Bank, esitory, etc.		other depositories in	n which the	committ	ee deposits	s fun	ds, holds accounts, rents
9. Bank safety Name	y deposit boxes or maine of Bank, esitory, etc.		other depositories in	which the	committ	ee deposits	s fun	ds, holds accounts, rents
9. Bank safety Name	y deposit boxes or mai		other depositories in	which the	committ	ee deposits	s fun	ds, holds accounts, rents
9. <b>Bank</b> safety	y deposit boxes or mai		other depositories in	which the	committ	ee deposits	s fun	ds, holds accounts, rents
				Teleph	none Nu	mber		
	TITLE OR POSITION	▼	CITY A		S	STATE A		ZIP CODE ▲
							L	
٨	Mailing Address							
F	ull Name							
8. <b>Desi</b> ç	gnated Agent: Identify	by name, address (p	ohone number – opti	onal)				
	Connected	Organization A	ffiliated Committee	Joint Fun	ndraising	Representa	tive	Leadership PAC Spor
	Relationship:		CITY A			STATE A	L	ZIP CODE ▲
							1	
	Mailing Address							
6. <b>Nam</b>	e of Any Connected (	Organization, Affiliat	ted Committee, Join	t Fundraisi	ng Rep	resentative	, or	Leadership PAC Sponso
	SCOTT BAUGH	FOR CONGRES	SS 	'	FEC ID	number	С	C00798322
4		FOR CONGRES			FEC ID	number	С	C00257337
3					FEC ID	number	С	C00499392
		JR CONGRESS			FEC ID	number	С	C00665638
3	YOUNG KIM FO	D COMODECO						

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

FEC Form 1S (Revised 02/2017)

Page \_\_\_\_ **of** \_\_\_\_\_

(h). <b>Joint Fundrais</b>	-		
1. MATT JACOE	S FOR CONGRESS	FEC ID number	C C00767046
2. MICHELLE S	FEEL FOR CONGRESS	FEC ID number	C C00704981
TAKE BACK CA	-03 REPUBLICAN NOMINEE FUND 2022	FEC ID number	C C00775023
4. TAKE BACK CA	-13 REPUBLICAN NOMINEE FUND 2022	FEC ID number	C C00798660
Name of Any Connected	d Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Sponso
Mailing Address			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Designated Agent: Ident	ify by name, address (phone number – optional)		
	ify by name, address (phone number – optional)		
Full Name	ify by name, address (phone number – optional)		
Full Name	ify by name, address (phone number – optional)		
Full Name	CITY	STATE A	ZIP CODE A
Full Name	CITY A	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION	CITY ▲  CITY ▲  Ories: List all banks or other depositories in which naintains funds.	elephone Number	s funds, holds accounts, rents
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposit safety deposit boxes or not be made and the safety deposit boxes.	CITY ▲  CITY ▲  Ories: List all banks or other depositories in which naintains funds.	Telephone Number	s funds, holds accounts, rents
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposit safety deposit boxes or not be boxed by the boxed	CITY ▲  CITY ▲  Ories: List all banks or other depositories in which naintains funds.	Telephone Number	s funds, holds accounts, rents
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposit safety deposit boxes or not be boxed by the boxed	CITY ▲  CITY ▲  Ories: List all banks or other depositories in which naintains funds.	Telephone Number	s funds, holds accounts, rents

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

FEC Form 1S (Revised 02/2017)

Page \_\_\_\_ **of** \_\_\_\_

_ 9. <b>!</b> 9. \$	Full Name   _   _   Mailing Address  TITLE OR POSITION	Te pries: List all banks or other depositories in which the	STATE A  lephone Number  the committee deposit	ZIP CODE A  s funds, holds accounts, rents  ZIP CODE A
_ 9. <b>!</b> 9. \$	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite safety deposit boxes or management of Bank, Depository, etc.	CITY A  Te  pries: List all banks or other depositories in which the	lephone Number	
_ 9. <b>!</b> 9. \$	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite safety deposit boxes or management of Bank, Depository, etc.	CITY A  Te  pries: List all banks or other depositories in which the	lephone Number	
_ 9. <b>!</b> 9. \$	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite safety deposit boxes or management of Bank, Depository, etc.	CITY A  Te  pries: List all banks or other depositories in which the	lephone Number	
_ 9. <b>!</b> 9. \$	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite safety deposit boxes or m  Name of Bank,	CITY A  Te  pries: List all banks or other depositories in which the	lephone Number	
<b>-</b>	Full Name	CITY A  Te  pries: List all banks or other depositories in which the	lephone Number	
_	Full Name   _   _   Mailing Address  TITLE OR POSITION	CITY A	lephone Number	
- 8. [	Full Name	CITY A	1	ZIP CODE A
- 8. [	Full Name	CITY A	STATE A	ZIP CODE A
- 8. [	Full Name	y by name, address (phone number – optional)		
- 8. [	Full Name	y by name, address (phone number – optional)		
- 8. <b>[</b>	Full Name	y by name, address (phone number – optional)		
- 8. <b>[</b>		y by name, address (phone number – optional)		
8. <b>[</b>	Designated Agent: Identif	y by name, address (phone number – optional)		
	Connecte	d Organization Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC Sponsor
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Mailing Address			
6. I	Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
_	4.		FEC ID number	C
	3	EPUBLICAN PARTY FEDERAL ACCT.	FEC ID number	C C00140590
	2.	49 REPUBLICAN NOMINEE FUND 2022	FEC ID number	C C00775064
	1.	-09 REPUBLICAN NOMINEE FUND 2022	FEC ID number	C C00798652
	TAKEBACKCA.			
5(g) or				