FEC

Only

STATEMENT OF

PAGE 1/6 •

ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Wendy Davis for Congress PO Box 12322 ADDRESS (number and street) (Check if address is changed) Fort Wayne 46863 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) wendyforindiana.com (Check if address is changed) DATE 2023 C00835314 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, . . Date 11 80 2023 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

E	C 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 the can information below.)	didate
	Name of Candidate Davis, Wendy, , ,	
	Party Affiliation REP Sought: X House Senate President	State IN istrict 03
	(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 Republican, etc.)	Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected org	anization is a:
	Corporation Corporation w/o Capital Stock Labor Organization	zation
	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 segregated function committee. (i.e., nonconnected committee)	d 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:	
	(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or mor committees/organizations, at least one of which is an authorized committee of a federal candidate.	e political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or mor committees/organizations, none of which is an authorized committee of a federal candidate.	e political
	Committees Participating in Joint Fundraiser	
	1	

J	FEC Form 1 (Revised 0	2/2009)			Page 3
۷	Vrite or Type Committee Name	0			
<u> </u>	Wendy Davis for	CONGRESS ganization, Affiliated Committee, Joint Fund	traising Renresenta	tive or Leaders	hin PAC Snonsor
0.	Wendy Davis Victory		naising nepresenta	live, or Leaders	mp rac oponsor
	Mailing Address	PO Box 10717			
		Fort Wayne	IN	46853	I-I
		CITY A	STATE	 E A	ZIP CODE ▲
	Relationship: Connected		oint Fundraising Repre		_eadership PAC Sponso
	nelationship.	organization Allillated Organization X of	onit rundialsing nepre	sentative	Leadership FAC Sponso
	Custodian of Records: Identi	y by name, address (phone number optional)	and position of the p	erson in possessi	on of committee
	books and records.				
	CFS, Comp	liance, , ,			
	Full Name				
	Mailing Address	PO Box 30844			
		Bethesda	MD	20824	-
		CITY ▲	STATE	 E A	ZIP CODE ▲
	Title or Position ▼	G., .	0.7.11.	_	005_
	Custodians of Record	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Telephone number	301 -	654
8.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the tressistant treasurer).	easurer of the comm	nittee; and the na	me and address of
	Full Name Martin, Ste	en, , ,			
	of Treasurer				
	Mailing Address	PO Box 30844			
		Bethesda		20824	
		CITY ▲	STATE		ZIP CODE ▲
	Title or Position ▼				
	Treasurer		Telephone number	301 -	654 3220

FEC I	Form 1 (Revised 02/2009)	Page 4
Full Name Designated Agent		
Mailing Ad	dress	
	CITY ▲ STATE ▲	ZIP CODE ▲
Title or Po	sition ▼	
	Telephone number	-
. Banks or safety dep	Other Depositories: List all banks or other depositories in which the committee deposits funds, osit boxes or maintains funds.	holds accounts, rents
Name of E	ank, Depository, etc.	
	Wells Fargo	
Mailing Ad	dress 8302 Woodmont Avenue	
	Bethesda MD 200	814
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of E	ank, Depository, etc.	
	Chain Bridge Bank	
Mailing Ad	dress 1445 A-Laughlin Ave	
	McLean VA 22°	101
	CITY ▲ STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

Page ___ **of** 6___

1. 📖				FEC II	number	C	
2. 🔟				FEC II	number	С	
3. 🗔				FEC II	number	C	
4.		1 1 1 1 1		FEC II	number	С	
Name of	Any Connected	Organization, A	ffiliated Committee, Joint	Fundraising Rep	oresentative	e, or Leadershi	p PAC Spons
GOP V	WINNING WOM	EN 2024					
Mail	ing Address	228 S WASHI	INGTON ST				
		STE 115					
		ALEXANDRIA	\ 	<u> </u>	VA	22314	
			CITY A	-	STATE A	ZIF	CODE A
		Organization by name, addre		Joint Fundraising	g Representa	ative Leade	ership PAC Sp
	Connected		Affiliated Committee		g Representa	ative Leade	ership PAC Sp
esignate Full N	Connected		Affiliated Committee		g Representa	ative Leade	ership PAC Sp
esignate	Connected ed Agent: Identify		Affiliated Committee		g Representa	ative Leade	ership PAC Spo
esignate Full N	Connected ed Agent: Identify		Affiliated Committee		g Representa	ative Leade	ership PAC Spo
esignate Full N Mailin	Connected ed Agent: Identify	by name, addre	Affiliated Committee	nal)	g Representa		ership PAC Spo

FEC Form 1S (Revised 02/2017)

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

	of 6
Page	of o

ganization, Affiliated Commo23 228 S WASHINGTON ST ST ALEXANDRIA CITY ganization Affiliated Common	= 115	FEC	VA STATE A	C C C C C C C C C C C C C C C C C C C	ship PAC Spons ZIP CODE eadership PAC Sp
228 S WASHINGTON ST ST ALEXANDRIA CITY ganization Affiliated Co	= 115	FEC	C ID number C ID number Representati	ive, or Leader	ZIP CODE A
228 S WASHINGTON ST ST ALEXANDRIA CITY ganization Affiliated Co	= 115	Joint Fundrais	Representati	ive, or Leader	ZIP CODE A
228 S WASHINGTON ST ST ALEXANDRIA CITY ganization Affiliated Co	= 115	Joint Fundrais	Representati	ive, or Leader	ZIP CODE A
228 S WASHINGTON ST ST ALEXANDRIA CITY ganization Affiliated Co	= 115	Joint Fundrais	VA STATE A	22314	ZIP CODE A
228 S WASHINGTON ST ST ALEXANDRIA CITY ganization Affiliated Co	= 115	Joint Fundrais	VA STATE A	22314	ZIP CODE A
228 S WASHINGTON ST ST ALEXANDRIA CITY rganization Affiliated Co	▲ mmittee X		STATE A	•	
ALEXANDRIA CITY rganization Affiliated Co	▲ mmittee X		STATE A	•	
ALEXANDRIA CITY rganization Affiliated Co	▲ mmittee X		STATE A	•	
ALEXANDRIA CITY rganization Affiliated Co	▲ mmittee X		STATE A	•	
CITY rganization Affiliated Co	mmittee X		STATE A	•	
CITY rganization Affiliated Co	mmittee X		STATE A	•	
rganization Affiliated Co	mmittee X				
r name, address (phone num			sing Represer	ntative Le	eadership PAC Sp
			STATE ▲	Z	ZIP CODE ▲
	1	Tolophono	Number		-
: List all banks or other de		relephone	riumber [
ains	ist all banks or other deport	ist all banks or other depositories in what funds.	ist all banks or other depositories in which the come funds.	ist all banks or other depositories in which the committee deposition of the funds.	Telephone Number =