Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) BANKS FOR IN SENATE REPUBLICAN NOMINEE FUND 2024 PO BOX 9891 ADDRESS (number and street) (Check if address is changed) ARLINGTON 22219 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address NOMINEEFUND@CROSBYOTT.COM is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 05 2024 C00829416 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 GLAZE, KAYLA,, 05 80 2024 Signature of Treasurer GLAZE, KAYLA,,, 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

FEC 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) X This committee is an authorized committee, and is NOT a principal campaign committee. (Complete information below.)	the candidate
Name of Candidate BANKS, JAMES, E., HON.,	
Candidate Party Affiliation REP Office Sought: House X Senate President	State IN District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
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 connected	cted organization is a:
Corporation Corporation w/o Capital Stock Labor	Organization
Membership Organization Trade Association Coope	erative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segrega 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:	
(i) 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.	or more political
(j) 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.	or more political
Committees Participating in Joint Fundraiser	
1C	

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Write or Type Committee Nam	ıe
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RANKS	FOR	IN S	FNATE	REPLIR	ICAN N	MIMOL	EE FUND	2024
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BANKS FOR SENATE Mailing Address	6.		rganization, Affiliated Committee, Joint F			
FORT WAYNE FORT WAYNE IN 46858 IN				3 4		1
FORT WAYNE FORT WAYNE IN 46858 IN						
FORT WAYNE FORT WAYNE IN 46858 IN						
CITY ▲ STATE ▲ ZIP CODE ▲ Relationship: Connected Organization ★ Affiliated Organization Joint Fundraising Representative Leadership PAC Sponso 7. Custodian of Records: Identity by name, address (phone number optional) and position of the person in possession of committee books and records. GLAZE, KAYLA, Full Name		Mailing Address	PO BOX 11431			
CITY ▲ STATE ▲ ZIP CODE ▲ Relationship: Connected Organization ★ Affiliated Organization Joint Fundraising Representative Leadership PAC Sponso 7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. Full Name						
Relationship: Connected Organization X Affiliated Organization Joint Fundraising Representative Leadership PAC Sponso 7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. GLAZE, KAYLA Full Name PO BOX 9891 ARLINGTON CITY A STATE A ZIP CODE A Title or Position Teasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). Full Name of Treasurer Mailing Address PO BOX 9891 ARLINGTON VA 22219 ARLINGTON VA 22219 ARLINGTON VA 22219 ARLINGTON VA 22219 ARLINGTON ARLINGTON VA 22219 ARLINGTON ARLINGTON VA 22219 ARLINGTON VA 22219 ARLINGTON ARLINGTON VA 22219 ARLINGTON ARLINGTON VA 22219 ARLINGTON ARLINGTON VA 22219 ARLINGTON ARLINGTON ARLINGTON VA 22219 ARLINGTON ARLINGTON VA 22219 ARLINGTON AR			FORT WAYNE		LIN	46858
7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. GLAZE, KAYLA, Full Name Mailing Address PO BOX 9891 CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼ TREASURER Telephone number Full Name of Treasurer Mailing Address PO BOX 9891 ARLINGTON VA 22219 ARLINGTON VA 22219 Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼ Treasurer Mailing Address PO BOX 9891 ARLINGTON VA 22219 ARLINGTON VA 22219 ARLINGTON ARLINGTON VA 22219 ARLINGTON VA 22219 ARLINGTON ARLINGTON VA 22219 ARLINGTON Title or Position ▼			CITY ▲		STATE ▲	ZIP CODE ▲
Books and records. GLAZE, KAYLA, Full Name Mailing Address PO BOX 9891 CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼ TREASURER Telephone number Telephone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). Full Name of Treasurer Mailing Address PO BOX 9891 ARLINGTON VA 22219 CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼		Relationship: Connected	Organization X Affiliated Organization	Joint Fundraising	g Representative	Leadership PAC Sponso
B. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). Full Name Treasurer City State Zip Code				4		
B. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). Full Name Treasurer City State Zip Code						
Full Name Mailing Address PO BOX 9891 ARLINGTON CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼ TREASURER Telephone number Telephone number Telephone number Bull Name GLAZE, KAYLA, , of Treasurer GLAZE, KAYLA, , of Treasurer Mailing Address PO BOX 9891 CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲	7.		ify by name, address (phone number option	nal) and position (of the person in	possession of committee
ARLINGTON CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼ TREASURER Telephone number Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). Full Name of Treasurer Mailing Address PO BOX 9891 ARLINGTON VA 22219 CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼		GLAZE, KA	AYLA,,,			
ARLINGTON CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼ TREASURER Telephone number Telephone number Telephone number B. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). Full Name of Treasurer Mailing Address PO BOX 9891 ARLINGTON VA 22219 CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼		Full Name				
Title or Position ▼ TREASURER Telephone number Telephone numbe		Mailing Address	PO BOX 9891			
Title or Position ▼ Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). Full Name GLAZE, KAYLA, , , of Treasurer Mailing Address PO BOX 9891 ARLINGTON CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼						
Title or Position ▼ TREASURER Telephone number Title or Position ▼ Telephone number Telephone nu			ARLINGTON		LVA	22219
8. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). Full Name GLAZE, KAYLA, , , of Treasurer Mailing Address PO BOX 9891 ARLINGTON VA 22219 CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼			CITY ▲		STATE ▲	ZIP CODE ▲
8. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). Full Name of Treasurer Mailing Address PO BOX 9891 ARLINGTON VA 22219 CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼		Title or Position ▼				
any designated agent (e.g., assistant treasurer). Full Name GLAZE, KAYLA, , , of Treasurer Mailing Address PO BOX 9891 ARLINGTON VA 22219 CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼		TREASURER		Telephone nur	mber	
of Treasurer Mailing Address PO BOX 9891 ARLINGTON VA 22219 CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼	8.			e treasurer of the	e committee; an	d the name and address of
Mailing Address PO BOX 9891 ARLINGTON VA 22219 CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼		Full Name GLAZE, KA	AYLA, , ,			
Mailing Address ARLINGTON CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼						
CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼		Mailing Address	PO BOX 9891			
CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼						
Title or Position ▼			ARLINGTON		VA	22219
			CITY ▲		STATE ▲	ZIP CODE ▲
		Title or Position ▼				
TREASURER Telephone number	ī	TREASURER		Telephone nur	mber	

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Full Name of Designated Agent			
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲
Title or Position ▼			
		Telephone number	-
safety deposit boxes or mai		hich the committee deposits funds,	holds accounts, rents
Name of Bank, Depository,	etc.		
CHAIN	BRIDGE BANK		
Mailing Address	1445-A LAUGHLIN AVENUE		
	MCLEAN	VA 22	2101
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, Depository,	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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h). Joint Fundraisi			
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
CORNYN VICTORY	Organization, Affiliated Committee, Joint Fu	Indraising Representativ	e, or Leadership PAC Spons
Mailing Address	PO BOX 13026		
	AUSTIN	TX	78711
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Affiliated Committee X	loint Fundraising Represent	Leadership PAC Sp
			Leadership PAC Sp
esignated Agent: Identi			Leadership PAC Sp
esignated Agent: Identi			Leadership PAC Sp
esignated Agent: Identi			Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional		Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	city by name, address (phone number – optional states of the control of the contr	STATE A Telephone Number	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	city by name, address (phone number – optional states of the control of the contr	STATE A Telephone Number	ZIP CODE A ts funds, holds accounts, rent
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	fy by name, address (phone number – optional CITY A CITY A pries: List all banks or other depositories in whaintains funds.	STATE Telephone Number ich the committee deposi	ZIP CODE A ts funds, holds accounts, rent