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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. EXPECT MORE LEADERSHIP PAC 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 X is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2021 C00757922 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] 80 2021 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	
	naidate	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 ididate		
	didate ty Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	ne of didate		
Pai	rty 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 confi	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 segment of the supports of the support	aregated fund or party
(1)	×	committee. (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 two 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.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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\//	rite or Type Com	1 (Revised 02	1८००४)				Page 3
	•		LEADERSHIP P	240			
6.			ganization, Affiliated Committee		acontativo (or Leadershi	n PAC Sponsor
	-				esentative, t	n Leader Sill	p PAC Spoilsoi
	EAM MOOR	E JOIN I	FUNDRAISING COMM				
	Mailing Address		PO Box 30844				
			Bethesda		MD L	20824	
			CITY		STATE	Z	IP CODE
	Relationship:	Connected	Organization Affiliated Committ	Joint Fundraising	Representati	ve Lead	ership PAC Sponsoi
	Custodian of Rebooks and record		ry by name, address (phone numl	per optional) and position	on of the per	rson in posse	ession of committee
	Full Name	Campaign, I	Financial Services, , ,				
			PO Box 30844				
	Mailing Address						
			Bethesda		, MD ,	20824	
	Title or Position		CITY		STATE	ZI	P CODE
	Custodian of Re	ecords		Telephone num	ber 30	01 65	54 - 3220
	Treasurer: List the any designated a		address (phone number optiona sistant treasurer).	al) of the treasurer of the	committee; a	and the name	e and address of
	Full Name	Martin, Steve	en, , ,				
	of Treasurer		PO Box 30844				
	Mailing Address	l					
		l	5				
		Į	Bethesda		MD	20824	
	Title or Position Treasurer		CITY	Telephone numl	STATE ber 30		P CODE 3220
				•			

	m 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent		, , , , , , , , , , , , , , , , , , ,
Mailing Address		
aming Additess		
	CITY STATE	ZIP CODE
Title or Position		1 1
	Telephone number	
Mailing Address	Eagle Bank 2001 K Street NW	
	Marking and a second	
	Washington DC 20006	
	Washington DC 20006 CITY STATE	ZIP CODE
Name of Bank,	CITY STATE	ZIP CODE
Name of Bank, Mailing Address	CITY STATE Depository, etc. Wells Fargo 8302 Woodmont Avenue	ZIP CODE
	CITY STATE Depository, etc. Wells Fargo 8302 Woodmont Avenue	ZIP CODE

FEC Form 1S (Revised 02/2017)

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

Page _____ **of** _____

n). Joint Fundraisi i	ig Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
4.		J	
	Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spor
MOORE, BLAKE	, , , 		
AA-TP A-I-I	520 26TH STREET		
Mailing Address			
	OGDEN	UT	84401
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee July by name, address (phone number – optional)	oint Fundraising Represent	ative X Leadership PAC S
esignated Agent: Identif			ative Leadership PAC S
esignated Agent: Identif			Leadership PAC S
esignated Agent: Identif			Leadership PAC S
esignated Agent: Identif			Leadership PAC S
esignated Agent: Identif	by by name, address (phone number – optional)		
esignated Agent: Identification Full Name Mailing Address	by by name, address (phone number – optional)		
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or m	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whi	STATE A Telephone Number	ZIP CODE A
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