| FEC FORM 1 | | STATEMEN ORGANIZA | | Offic | PAGE 1 / 4 |
|-----------------------------|---------------|---|--|------------------------|---------------------------------|
| 1. NAME OF COMMITTEE (ir | n full) | (Check if name is changed) | Example:If typing, type over the lines. | 12FE4M5 | |
| Ben Van W | inkle l | For Congress | | | |
| | | P.O. Box 591941 | | | |
| ADDRESS (number a | nd street) | | | | |
| (Check if a is changed | | | | | |
| | , | San Antonio | | TX 7825 | 9 |
| | | CITY A | | STATE A | ZIP CODE |
| COMMITTEE'S E-M/ | AIL ADDRE | SS | | | |
| (Check if a is changed | | info@vanwinkleforcong | | | |
| Ŭ | , | Optional Second E-Mail Add | ress | | |
| | | | | | |
| (Check if is changed | | https://vanwinkleforcongress.co | om | | |
| 2. DATE 1 | M / D 1 07 | D / Y Y Y Y 2019 | | | |
| 3. FEC IDENTIFIC | CATION NU | JMBER ► C CO | 0716894 | | |
| 4. IS THIS STATE | MENT | NEW (N) OR | × AMENDED (A) | | |
| I certify that I have e | examined th | is Statement and to the best of | of my knowledge and belief it | is true, correct and o | complete. |
| Type or Print Name | of Treasure | Yan Winkle, Benjamin, , , | | | |
| Signature of Treasure | er Van V | Vinkle, Benjamin, , , | [Electronically Filed] | Date 11 | 08 / Y Y Y Y 08 2019 |
| NOTE: Submission of | | eous, or incomplete information n ANY CHANGE IN INFORMATIC | | | enalties of 2 U.S.C. §437g. |
| Office Use Only | | | For further information Federal Election Commiss Toll Free 800-424-9530 | | FEC FORM 1 (Revised 06/2012) |

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|-------------|-----------------------|--|
| | | OMMITTEE |
| Can | ndidate | e 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 candidate information below.) |
| Nam Cano | e of didate | Van Winkle, Benjamin, , , |
| | didate / Affiliati | on REP Office Sought: House Senate President District 23 |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. |
| Nam Canc | e of didate | |
| Par | ty Con | nmittee: |
| (d) | | This committee is a(National, State or subordinate) committee of the(Democratic, Republican, etc.) Party. |
| Poli | tical A | ction Committee (PAC): |
| (e) | | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 segregated fund or party committee. (i.e., nonconnected committee) |
| | | In addition, this committee is a Lobbyist/Registrant PAC. |
| | | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) |
| Join | t Func | Iraising Representative: |
| (g) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate. |
| (h) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate. |
| | Com | mittees Participating in Joint Fundraiser |
| | 1. | |
| | | EC |
| | 2. | |
| | 3. | FEC ID number |
| | 4. | FEC ID number |

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Write or Type Committee Name

Ben Van Winkle For Congress

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

| N | | | | |
|----|---|--|--|-----------------------|
| | | | | |
| | Mailing Address | | | |
| | | | | |
| | | | | |
| | | CITY | STATE | ZIP CODE |
| | Relationship: Connected | Organization Affiliated Committee | Joint Fundraising Representative | adership PAC Sponsor |
| 7. | Custodian of Records: Iden books and records. | tify by name, address (phone number op | ional) and position of the person in pos | ssession of committee |
| | Van Winkle | e, Benjamin, , , | | |
| | Mailing Address | P.O. Box 591941 | | |
| | | | | |
| | | San Antonio | TX 78259 | |
| | Title or Position | CITY | STATE | ZIP CODE |
| | | | Telephone number | 748 3008 |

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 | Van Winkle, Benjamin, , , |
|-------------------|--|
| of Treasurer | |
| Mailing Address | P.O. Box 591941 |
| | |
| | San Antonio TX 78259 |
| | CITY STATE ZIP CODE |
| Title or Position | |
| | $\begin{array}{c c c c c c c c c c c c c c c c c c c $ |
| | |

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| Full Name of Designated Agent | | | | | | | I | | I | | | | | | | | | | | | | | | | | | _ |
|-------------------------------------|--|--|--|--|--|---|-----|--|---|--|--|------|-----|-----|------|-----|-----|----|--|--|--|-----|-----|-----|---|--|---|
| Mailing Address | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | С | ITY | | | | | | | | | \$ | STA | ΤE | | | | ZIF | Р С | ODI | E | | |
| Title or Position | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | Tele | eph | one | e ni | ımb | er | | | | | | | -[| | | |

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

| R | andolp Brooks Federal Credit Union | | |
|--------------------|------------------------------------|-------|----------|
| Mailing Address | 21910 U.S. Highway 281 N | | |
| | | | |
| | San Antonio | | 78258 |
| | CITY | STATE | ZIP CODE |
| Name of Bank, Depo | ository, etc. | | |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| | CITY | STATE | ZIP CODE |