FEC

Only

STATEMENT OF

PAGE 1 / 4

ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Margins PAC PO Box 1910 ADDRESS (number and street) (Check if address is changed) **Euless** 76039 TX 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) marginspac.org; betonred.org (Check if address is changed) DATE 04 2020 C00759910 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. Leake, W.T. Skip, , , Type or Print Name of Treasurer Leake, W.T. Skip, , , [Electronically Filed] 10 2020 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

Local 202-694-1100

FF0 =	4 (Davided 00/0000)	Dag - 0
	orm 1 (Revised 02/2009) COMMITTEE	Page 2
	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. (Com information below.)	plete the candidate
Name of Candidate		
Candidate Party Affiliat	ion Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Cor		
(d)		(Democratic, Republican, etc.) Party
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected organization is
_	Corporation Wo Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f) x	This committee supports/opposes more than one Federal candidate, and is NOT a separate se 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.)	
Joint Fund	draising 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	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

			Page 3
Write or Type Committee Nam	ne		
Margins PAC			
6. Name of Any Connected	Organization, Affiliated Committee, Joi	nt Fundraising Represen	tative, or Leadership PAC Sponsor
NONE			
Mailing Address			
	CITY	STA	TE ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee	Joint Fundraising Repr	esentative Leadership PAC Spon
Custodian of Records: Ide books and records.	entify by name, address (phone number -	- optional) and position of	the person in possession of commit
Campaig Full Name	n, Financial Services, , ,		
Mailing Address	PO Box 30844		
3			
	Bethesda		D 20824 - - - - -
Title or Position	Bethesda CITY	STAT	
Title or Position Custodian of Records			
Custodian of Records	CITY nd address (phone number optional) of	STAT Telephone number	ZIP CODE 301 - 654 - 3220
Custodian of Records Treasurer: List the name at any designated agent (e.g.,	CITY nd address (phone number optional) of	STAT Telephone number	ZIP CODE 301 - 654 - 3220
Custodian of Records Treasurer: List the name at any designated agent (e.g.,	CITY nd address (phone number optional) of assistant treasurer).	STAT Telephone number	ZIP CODE 301 - 654 - 3220
Custodian of Records Treasurer: List the name at any designated agent (e.g., Full Name Leake, W of Treasurer	CITY nd address (phone number optional) of assistant treasurer).	STAT Telephone number	ZIP CODE 301 - 654 - 3220
Custodian of Records Treasurer: List the name at any designated agent (e.g., Full Name of Treasurer Leake, W	CITY nd address (phone number optional) of assistant treasurer).	STAT Telephone number	ZIP CODE 301 - 654 - 3220 mittee; and the name and address of the control of th

1 2 0 1 011	n 1 (Revised 02/2009)	Page 4
Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit be Name of Bank,		ds accounts, rents
safety deposit be	oxes or maintains funds.	ds accounts, rents
safety deposit be Name of Bank,	Wells Fargo 8302 Woodmont Avenue	ds accounts, rents
safety deposit be Name of Bank,	Wells Fargo 8302 Woodmont Avenue Bethesda CITY STATE	
safety deposit be Name of Bank, Mailing Address	Wells Fargo 8302 Woodmont Avenue Bethesda CITY STATE	
safety deposit be Name of Bank, Mailing Address	Wells Fargo 8302 Woodmont Avenue Bethesda CITY STATE	
safety deposit be Name of Bank, Mailing Address	Depository, etc. Wells Fargo 8302 Woodmont Avenue Bethesda CITY STATE Depository, etc.	
Name of Bank, Name of Bank, Name of Bank,	Depository, etc. Wells Fargo 8302 Woodmont Avenue Bethesda CITY STATE Depository, etc.	
Name of Bank, Name of Bank, Name of Bank,	Depository, etc. Wells Fargo 8302 Woodmont Avenue Bethesda CITY STATE Depository, etc.	