

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF
COMMITTEE (in full)☐(Check if name
is changed)Example: If typing, type
over the lines.

12FE4M5

Margins PAC

ADDRESS (number and street)

PO Box 1910

☐(Check if address
is changed)

Eulless

CITY ▲

TX

STATE ▲

76039

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐(Check if address
is changed)

info@campaignfinancial.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☒(Check if address
is changed)

marginspac.org; betonred.org

2. DATE

M M /

D D /

Y Y Y Y Y Y

10

04

2020

3. FEC IDENTIFICATION NUMBER ►

C

C00759910

4. 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 Leake, W.T. Skip, , ,

Signature of Treasurer

Leake, W.T. Skip, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

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04

2020

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
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

C

Write or Type Committee Name

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

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor**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

Campaign, Financial Services, , ,

Mailing Address

PO Box 30844

Bethesda

MD

20824

Title or Position

CITY

STATE

ZIP CODE

Custodian of Records

Telephone number

301

654

3220

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

Leake, W.T. Skip, , ,

Mailing Address

PO Box 1910

Euless

TX

76039

Title or Position
Treasurer

CITY

STATE

ZIP CODE

Telephone number

301

654

3220

Full Name of
Designated
Agent

Mailing Address

Title or Position

Telephone number

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.

Wells Fargo

Mailing Address

8302 Woodmont Avenue

Bethesda

MD

20814

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE