Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Friends of David Schweikert 8175 East Evans Road ADDRESS (number and street) # 13176 (Check if address is changed) Scottsdale 85267 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS info@campaignfinancial.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) http://www.davidschweikert.com (Check if address is changed) DATE 05 2022 C00540617 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] 08 05 2022 Signature of Treasurer 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

E	EC 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) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	candidate
	Name of Candidate Schweikert, David, S., ,	
	Candidate Party Affiliation REP Sought: House Senate President	State AZ  District 06
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District 06
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican, or	etc.) Party
	Political Action 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 Org	ganization
	Membership Organization Trade Association Cooperati	ve
	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 committee. (i.e., nonconnected committee)	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	<b>)</b> ).
	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 or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Committees Participating in Joint Fundraiser	
	1C	
	C	

		(Revised 02/2009)	Page <b>3</b>
V	/rite or Type Comm	_	
	Friends c	of David Schweikert	
6.	<del>-</del>	onnected Organization, Affiliated Committee, Joint Fundraising Representative, or L	eadership PAC Sponsor
	SCHWEIKER	RT VICTORY COMMITTEE	
	Mailing Address	PO Box 30844	
	Walling Address		
		Bethesda MD 2	20824-0844
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship:	Connected Organization Affiliated Organization X Joint Fundraising Representative	Leadership PAC Sponso
	rielationship.	Allillated Organization 5 John Fundralsing Representative	Leadership I AO Oponso
7.		cords: Identify by name, address (phone number optional) and position of the person in p	ossession of committee
	books and records	ls.	
		CFS, Compliance, , ,	
	Full Name		
	Mailing Address	PO Box 30844	
	-		
		Bethesda MD 2	20824-0844
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼	7	
	Custodian of Reco	ords 301	_   654  _   3220
		Telephone number	
_			
3.		ne name and address (phone number optional) of the treasurer of the committee; and gent (e.g., assistant treasurer).	the name and address of
	Edl Name	Martin, Steven, , ,	
	Full Name of Treasurer		
	·	PO Box 30844	
	Mailing Address		
		Bethesda   MD   2	20824
	Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
			654
	Treasurer	Telephone number	_ 654 3220

FEC Form 1	(Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent		
Mailing Address		
Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
	Telephone number	
Banks or Other D	Depositories: List all banks or other depositories in which the committee deposits fur es or maintains funds.	nds, holds accounts, rents
Name of Bank, De	epository, etc.	
L	Capital One Bank	
Mailing Address	4825 Cordell Avenue	
	Bethesda MD	20814
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, De	epository, etc.	
L	Chase Bank	
Mailing Address	PO Box 659754	
	San Antonio TX	78265
	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). <b>Joint Fundraisi</b>	ng Farticipant.		
1.		FEC ID number	С
2.		FEC ID number	С
3		FEC ID number	C
4		FEC ID number	С
Name of Any Connected	l Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spons
Schweikert-Lesk	o Victory Committee		
Mailing Address	PO Box 30844		
		<u> </u>	
	Bethesda	MD MD	20824-0844
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	ed Organization Affiliated Committee Joinfy by name, address (phone number – optional)	int Fundraising Represent	ative Leadership PAC Spo
		int Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identi		int Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identi		int Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identi		int Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identi	fy by name, address (phone number – optional)	int Fundraising Represent	Leadership PAC Spo
Pesignated Agent: Identi  Full Name L  Mailing Address	fy by name, address (phone number – optional)		
Pesignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposition afety deposit boxes or maintenance.	fy by name, address (phone number – optional)  CITY   CITY   Pries: List all banks or other depositories in which anintains funds.  Fargo Bank	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identic Full Name	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which is a single funds.	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identic Full Name	fy by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in which aintains funds.  Fargo Bank  8302 Woodmont Avenue	STATE A Telephone Number	ZIP CODE   st funds, holds accounts, rents
Pesignated Agent: Identic Full Name	fy by name, address (phone number – optional)  CITY   CITY   Pries: List all banks or other depositories in which anintains funds.  Fargo Bank	STATE A Telephone Number	ZIP CODE A

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

FEC Form 1S (Revised 02/2017)

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5(g) c	or(h). <b>Joint Fundraisin</b> g	g Participant:		
	1.	F	FEC ID number	C
	2.	F	FEC ID number	С
	3.	F	FEC ID number	C
	4	F	FEC ID number	C
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundraisin	ng Representative	e, or Leadership PAC Sponsor
	Mailing Address	PO BOX 30844		
		BETHESDA	, , MD ,	20824-0844
	Relationship:	CITY A	STATE A	ZIP CODE A
			draising Representa	
8.	Designated Agent: Identify  Full Name	by name, address (phone number – optional)		
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	CITY A	STATE A	ZIP CODE A
8.	Full Name	CITY A	STATE ▲	ZIP CODE A
8.	Full Name	CITY A		ZIP CODE <b>A</b>
	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or ma	CITY   Teleph  ies: List all banks or other depositories in which the	STATE ▲	
9.	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or ma  Name of Bank, Chain I	CITY   CITY   Teleph  ies: List all banks or other depositories in which the intains funds.	STATE ▲	
	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or ma  Name of Bank, Chain I Depository, etc.	CITY   CITY   Teleph  ies: List all banks or other depositories in which the intains funds.  Bridge Bank	STATE ▲	
	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or ma  Name of Bank, Chain I Depository, etc.	CITY   CITY   Teleph  ies: List all banks or other depositories in which the intains funds.  Bridge Bank	STATE ▲	

FEC Form 1S (Revised 02/2017)

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

Page \_\_\_\_ **of** \_\_\_\_

2	1.		FEC ID number	C
4. FEC ID number C    ame of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spor SCHWEIKERT FOR AZ-01 REPUBLICAN NOMINEE FUND 2022    Mailing Address	2.			
ame of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spor SCHWEIKERT FOR AZ-01 REPUBLICAN NOMINEE FUND 2022  Mailing Address  PO BOX 9891  ARLINGTON  Relationship:  CITY A STATE A ZIP CODE A ZIP CODE A STATE A ZIP CODE A STATE A ZIP CODE A Telephone Number  Mailing Address  TITLE OR POSITION  CITY A STATE A ZIP CODE A Telephone Number - Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, renterly deposit boxes or maintains funds.  ame of Bank, epository, etc.	3.		FEC ID number	C
SCHWEIKERT FOR AZ-01 REPUBLICAN NOMINEE FUND 2022  Mailing Address  PO BOX 9891  ARLINGTON  Relationship:  CITY ▲  STATE ▲  ZIP CODE ▲  Connected Organization  X Affiliated Committee  Joint Fundraising Representative  Leadership PAC S  esignated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  TITLE OR POSITION ▼  CITY ▲  STATE ▲  ZIP CODE ▲  Telephone Number	4.		FEC ID number	C
Mailing Address  PO BOX 9891  ARLINGTON  Relationship:  CITY ▲  STATE ▲  ZIP CODE ▲  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC S  esignated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  TITLE OR POSITION ▼  CITY ▲  STATE ▲  ZIP CODE ▲  Telephone Number	ame of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Spon
ARLINGTON  ARLINGTON  CITY ▲ STATE ▲ ZIP CODE ▲  Connected Organization	SCHWEIKERT F	OR AZ-01 REPUBLICAN NOMINEE I	FUND 2022	1 1 1 1 1 1 1 1 1
ARLINGTON  ARLINGTON  CITY ▲ STATE ▲ ZIP CODE ▲  Connected Organization				
Relationship:  CITY A  STATE A  ZIP CODE A  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC S  esignated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  TITLE OR POSITION   CITY A  STATE A  ZIP CODE A  Telephone Number  Telephone Number  Telephone Number  anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, renafety deposit boxes or maintains funds.  ame of Bank, epository, etc.	Mailing Address	PO BOX 9891		
Relationship:  CITY A  STATE A  ZIP CODE A  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC S  esignated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  TITLE OR POSITION   CITY A  STATE A  ZIP CODE A  Telephone Number  Telephone Number  Telephone Number  Telephone Stands, holds accounts, renafety deposit boxes or maintains funds.  ame of Bank, epository, etc.				
Connected Organization   Affiliated Committee Joint Fundraising Representative Leadership PAC S  esignated Agent: Identify by name, address (phone number – optional)  Full Name   Mailing Address   TITLE OR POSITION ▼  CITY ▲  STATE ▲  ZIP CODE ▲  Telephone Number — — — — — — — — — — — — — — — — — — —		ARLINGTON	VA VA	22219
esignated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  TITLE OR POSITION ▼  CITY ▲  STATE ▲  ZIP CODE ▲  Telephone Number  Telephone Number  Telephone Number  anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, renafety deposit boxes or maintains funds.  ame of Bank, epository, etc.	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
TITLE OR POSITION ▼  CITY ▲  STATE ▲  ZIP CODE ▲  Telephone Number	esignated Agent. Identif	y by flame, address (prione flamber – optional)		
Telephone Number	Full Name			
Telephone Number				
Telephone Number				
anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, renafety deposit boxes or maintains funds.  ame of Bank, epository, etc.				
afety deposit boxes or maintains funds.  ame of Bank, epository, etc.	Mailing Address	CITY A	STATE A	ZIP CODE A
afety deposit boxes or maintains funds.  ame of Bank, epository, etc.	Mailing Address	I <b>V</b>	1	ZIP CODE A
epository, etc.	Mailing Address  TITLE OR POSITION	. ▼ 	lephone Number	
Mailing Address	Mailing Address  TITLE OR POSITION	Te	lephone Number	
	Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or mail	Te	lephone Number	
	Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management of Bank, epository, etc.	Te	lephone Number	
	Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or material boxes or material boxes.	Te	lephone Number	