FEC

Only

STATEMENT OF

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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 ΑZ CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address info@campaignfinancial.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) http://www.davidschweikert.com (Check if address is changed) DATE 31 2025 C00540617 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. Type or Print Name of Treasurer Martin, Steven, , Martin, Steven, . . Date 01 31 2025 Signature of Treasurer 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

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FEC Form 1 (Revised 03/2022)	nge 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) X 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 candid information below.)	late
Name of Candidate Schweikert, David, S., ,	
Candidate Office Sta	ate AZ
Party Affiliation REP Sought: X House Senate President Distri	ict 01
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee: (National, State (Democratic,	
(d) This committee is a or subordinate) committee of the Republican, etc.) Pa	arty
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	zation is a:
Corporation Corporation w/o Capital Stock Labor Organizati	ion
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 o committee. (i.e., nonconnected committee)	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).	
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 more proceeds committees/organizations, at least one of which is an authorized committee of a federal candidate.	oolitical
This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more proceeds committees/organizations, none of which is an authorized committee of a federal candidate.	oolitical
Committees Participating in Joint Fundraiser	
1. [

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۷	Vrite or Type Committee N	lame	
	Friends of Da	vid Schweikert	
6.	Name of Any Connecte	ed Organization, Affiliated Committee, Joint Fundraising Representative	ve, or Leadership PAC Sponsor
	SCHWEIKERT V	ICTORY COMMITTEE	
	Mailing Address	PO Box 30844	
	Mailing Address		
		Bethesda MD	
		CITY ▲ STATE	▲ ZIP CODE ▲
	Polationahin: Conne		
	Relationship: Conne	ected Organization Affiliated Organization X Joint Fundraising Represe	Leadership FAC Spons
7.	Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the per-	son in possession of committee
	CFS,	Compliance, , ,	
	Tuii Name	,PO Box 30844	
	Mailing Address		
		Bethesda MD	20824-0844
	Title or Position ▼	CITY ▲ STATE	▲ ZIP CODE ▲
	·		204 054 2020
	Custodian of Records	Telephone number	301 - 654 - 3220
8.		e and address (phone number optional) of the treasurer of the committ	tee; and the name and address of
	any designated agent (e	e.g., assistant treasurer).	
	Full Name Martir	n, Steven, , ,	
	of Treasurer		
	Mailing Address	PO Box 30844	
		Pathanda	20024
		Bethesda MD	
		CITY ▲ STATE	▲ ZIP CODE ▲
	Title or Position ▼		
	Treasurer		301 654 3220
		Telephone number	

	FEC Form 1	(Revised 02/2009)	Page 4
	Full Name of Designated Agent		
	Mailing Address		
	Till a Davids -	CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ■		
•	Banks or Other safety deposit box	Depositories: List all banks or other depositories in which the committee deposits funds, hold kes or maintains funds.	ds accounts, rents
	Name of Bank, D	epository, etc.	
		Wells Fargo Bank	
	Mailing Address	8302 Woodmont Avenue	
		BETHESDA MD 20814	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Name of Bank, D	epository, etc.	
		Classic City Bank	
	Mailing Address	2365 W Broad St	
		Athens GA 30606	
		CITY ▲ STATE ▲	ZIP CODE ▲
			-

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

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h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
EMMER MAJORITY			
Mailing Address	824 S. MILLEDGE AVE. STE. 101		
	ATHENS	GA	30605
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee X Join	nt Fundraising Representa	ative Leadership PAC Sp
Connecte	d Organization Affiliated Committee X Join y by name, address (phone number – optional)	nt Fundraising Representa	ative Leadership PAC Sp
Connecte esignated Agent: Identif		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		at Fundraising Representa	Leadership PAC Sp
esignated Agent: Identification Full Name Mailing Address	y by name, address (phone number – optional)		
esignated Agent: Identif	y by name, address (phone number – optional) CITY	STATE A	Leadership PAC Sp
esignated Agent: Identification Full Name Mailing Address	y by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	y by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite dafety deposit boxes or mame of Bank, Chain	y by name, address (phone number – optional) CITY CITY Tries: List all banks or other depositories in which aintains funds. Bridge Bank	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	y by name, address (phone number – optional) CITY CITY Tries: List all banks or other depositories in which aintains funds. Bridge Bank	STATE A	ZIP CODE A

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

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h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	d Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
SCALISE LEADERS	SHIP FUND 2024		
	320 1ST ST SE		
Mailing Address	320 131 31 31		
	WASHINGTON	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		nt Fundraising Represent	ative Leadership PAC Sp
	ed Organization Affiliated Committee X Join	nt Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Represent	
esignated Agent: Identi	ify by name, address (phone number – optional)		
esignated Agent: Identi	ify by name, address (phone number – optional)	st Fundraising Represent	
esignated Agent: Identi Full Name Mailing Address	ify by name, address (phone number – optional)		
esignated Agent: Identi Full Name Mailing Address	ify by name, address (phone number – optional)	STATE A	
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	ify by name, address (phone number – optional) CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of the control of the	ify by name, address (phone number – optional) CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	ify by name, address (phone number – optional) CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	ify by name, address (phone number – optional) CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identii Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	ify by name, address (phone number – optional) CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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1.						
			FEC ID	number	C	_
2.			FEC ID	number	С	_
3.			FEC ID	number	C	
4.			FEC ID	number	C	
			_			
Name of Any Conne	cted Organization, Affi	liated Committee, Joint	Fundraising Repr	esentative	e, or Leadership PAC Spo	ons
AMERICAN BAT	TLEGROUND FUND)		1 1 1		ı
Mailing Address	PO BOX 30844					
	BETHESDA		1	MD	20824	1
Polotionobin:		CITY ▲		STATE A	ZIP CODE ▲	
	entify by name, address		Joint Fundraising	Representa	ative Leadership PAC	Spo
Conr		Affiliated Committee X s (phone number – option		Representa	ative Leadership PAC	Spo
Conr				Representa	ative Leadership PAC	Spo
Conr Designated Agent: Id				Representa	Leadership PAC	Spo
Conr Designated Agent: Id				Representa	Leadership PAC	Spo
Conr Designated Agent: Id Full Name Mailing Address	entify by name, address	s (phone number – option	nal)			Spo
Conr Designated Agent: Id	entify by name, address		nal)	TATE A	Leadership PAC ZIP CODE ZIP CODE	Spo

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

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h). Joint Fundraisir			
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
GROW THE MAJOR	ITY		
Mailing Address	228 S Washington St		
	Ste 115		
	Alexandria	VA	22314
Relationship:	CITY A	STATE A	ZIP CODE A
Connecte	d Organization Affiliated Committee X Joint	t Fundraising Represent	ative Leadership PAC Sp
	d Organization Affiliated Committee X Joint	t Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identif		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional)	t Fundraising Representation	Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional) CITY		
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposited afety deposit boxes or mail	y by name, address (phone number – optional) CITY ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or material depositions, epository, etc.	y by name, address (phone number – optional) CITY ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or material depositions, epository, etc.	y by name, address (phone number – optional) CITY ries: List all banks or other depositories in which	STATE A	ZIP CODE A

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

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h). Joint Fundraisi	ing i ai dolpant.		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	l Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
PROTECT THE HO	JSE 2024		
Mailing Address	PO BOX 30844		
	BETHESDA	, , , , MD ,	20824
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee X Join fy by name, address (phone number – optional)	t Fundraising Representa	ative Leadership PAC Sp
Connecte		t Fundraising Representa	ative Leadership PAC Sp
Connecte esignated Agent: Identi		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
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esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which paintains funds.	STATE A Telephone Number	ZIP CODE A

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

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1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spon
SCOTT FRANKLIN W	/INGMAN FUND		
Mailing Address	P.O. BOX 2811		
Mailing Address			
	LAKELAND		33806
Relationship:	CITY A		ZIP CODE A
-		STATE ▲	
esignated Agent: Identify	by name, address (phone number - optional)	EFundraising Representa	Leadership PAC S
Full Name			Leadership FAC 3
			Leadership FAC 5
Full Name			Leadership FAC 5
Full Name			Leadership FAC 5
Full Name	by name, address (phone number – optional)	STATE A	ZIP CODE A
Full Name	by name, address (phone number – optional) CITY		
Full Name _ _	by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
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Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or material deposition are of Bank,	by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or material deposition are of Bank,	by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail ame of Bank, epository, etc.	by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A

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

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(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
Name of Any Connected	I Organization, Affiliated Committee, Joint Fun	draising Representativ	e, or Leadership PAC Spons
ARIZONA VICTORY			
Mailing Address	320 1ST STREET, SE		
	WASHINGTON	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte		int Fundraising Represent	Leadership PAC Spo
Connecte	ed Organization Affiliated Committee X Jo	int Fundraising Represent	Leadership PAC Spo
Connecte Designated Agent: Identi	ed Organization Affiliated Committee X Jo	int Fundraising Represent	Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	ed Organization Affiliated Committee X Jo	int Fundraising Represent	Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	ed Organization Affiliated Committee X Jo	int Fundraising Represent	Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	Affiliated Committee X Jo	int Fundraising Represent	Leadership PAC Spo
Connecte Designated Agent: Identi Full Name Mailing Address	Affiliated Committee X Jo fy by name, address (phone number – optional) CITY		
Connecte Designated Agent: Identi Full Name Mailing Address TITLE OR POSITION	Affiliated Committee	STATE A Telephone Number	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or make the safety deposit boxes or make the safety depository, etc.	Affiliated Committee	STATE A Telephone Number	ZIP CODE A

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

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			FEC ID	number	С	_
			FEC ID	number	C	Ξ
			FEC ID	number	C	Ξ
			FEC ID	number	C	
			_			
•		ed Committee, Joint	Fundraising Rep	resentative	e, or Leadership PAC Sp	ons
ND OUR MAJOF	RITY 					
						ш
ing Address	320 FIRST ST SE					
	WASHINGTON			DC	20003	
tionship:		CITY A		STATE A	ZIP CODE A	<u> </u>
ame						
g Address						
OR POSITION 1	▼	CITY A	;	STATE A	ZIP CODE ▲	
		1	Telephone N	1	1 1 1 1 1	
i -	ng Address tionship: Connected d Agent: Identify ame	ng Address 320 FIRST ST SE WASHINGTON tionship: Connected Organization Af d Agent: Identify by name, address (pame	ND OUR MAJORITY 320 FIRST ST SE WASHINGTON Connected Organization Affiliated Committee Address (phone number – option ame Address (city ▲ Corry ▲	ND OUR MAJORITY ang Address 320 FIRST ST SE WASHINGTON tionship: CITY ▲ Connected Organization Affiliated Committee Joint Fundraising d Agent: Identify by name, address (phone number – optional) ame Address CITY ▲	ND OUR MAJORITY Ing Address 320 FIRST ST SE WASHINGTON CITY ▲ STATE ▲ Connected Organization Affiliated Committee X Joint Fundraising Representation and Agent: Identify by name, address (phone number – optional) Address CITY ▲ STATE ▲ STATE ▲ STATE ▲	mg Address 320 FIRST ST SE WASHINGTON DC 20003 Titionship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC d Agent: Identify by name, address (phone number – optional) ame