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04/17/2024 11 : 51

STATEMENT OF
ORGANIZATION

FEC FORM 1		STATEMEN ORGANIZ	-		PAGE 1 / 11
1. NAME OF COMMITTEE (ir	n full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Banks for Se	enate				
ADDRESS (number a	nd street)	PO Box 11431			
(Check if a is changed					
	~)	Fort Wayne		LIN L46 STATE ▲	858-1431 – ZIP CODE ▲
COMMITTEE'S E-MA		SS			
(Check if a is changed		info@campaignfinancial.cor	n 		
		Optional Second E-Mail Add	Iress		1
COMMITTEE'S WEB	address	PRESS (URL)			
2. DATE 03		D / Y Y Y Y 2024			
3. FEC IDENTIFIC	CATION NU	MBER ► C co	00577999		
4. IS THIS STATE	MENT	NEW (N) OR	× AMENDED (A)		
I certify that I have e	examined thi	s Statement and to the best	of my knowledge and belief it	is true, correct an	d complete.
Type or Print Name	of Treasurer	Martin, Steven, , ,			
Signature of Treasure	er Martin	ı, Steven, , ,		Date 04	/ D D / Y Y Y Y 17 2024
NOTE: Submission of	false, errone		may subject the person signing th		e penalties of 52 U.S.C. §30109
Office Use Only			For further information cc Federal Election Commissic Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

-	
EC Form 1 (Revised 03/2022)	Page <b>2</b>
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. (Com information below.)	nplete the candidate
Name of Banks, James, E, Hon.,	
Candidate Office Sought: House X Senate Presider	nt District 00
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
(d) This committee is a	emocratic, publican, etc.) Party
Political Action Committee (PAC):         (e)       This committee is a separate segregated fund. (Identify connected organization on line 6.) Its of	connected organization is a:
Corporation Corporation w/o Capital Stock	Labor Organization
Membership Organization	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 se committee. (i.e., nonconnected committee)	egregated 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).	

(h)	п.	This committee is a politic	al committee with	both contribution ar	nd non-contribution	accounts (Hybrid PA	C).

In addition, this committee is a Lobbyist/Registrant 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 political committees/organizations, at least one of which is an authorized committee of a federal candidate.
 (j) 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.
 Committees Participating in Joint Fundraiser
 1.
 2.

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	Ba	an	ks	fc	or S	Se	na	ate	е																																
6.	Nam	ne o	f Aı	ny (	Con	nec	tec	0	rga	niz	atic	on,	Af	ilia	tec	ı C	om	mi	ttee	e, J	oin	t F	une	drai	isir	ng I	Rep	ores	ser	tat	ive	, oi	r Lo	eac	lers	shir	ρP	AC	Sp	on	sor
	BA	Nł	(S	VI	СТ	OF	۲Y	F١	JN	ID																															r
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Mailing Address	PO BOX 30844
	BETHESDA     MD     20824
	CITY ▲ STATE ▲ ZIP CODE ▲
Relationship: Connected	d Organization Affiliated Organization X Joint Fundraising Representative Leadership PAC Sponso

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

CFS, Com	oliance, , ,			
Full Name				
Mailing Address	PO Box 30844			
	Bethesda		MD	20824-0844
	CIT	Y ▲	STATE 🔺	ZIP CODE
Title or Position ▼				
Custodian of Records		<u></u> г	Telephone number	01 - 654 - 3220

Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of 8. any designated agent (e.g., assistant treasurer).

Full Name	Martin, Steven, , ,
of Treasurer	
Mailing Address	PO Box 30844
	Bethesda         MD         20824-0844         –
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	,
Treasurer	Image: Telephone number     301     -     654     -     3220

FEC Form 1 (Revised 02	2009)			Page <b>4</b>
Full Name of Designated Agent	1 1			
Mailing Address				
		CITY 🔺	STATE 🔺	ZIP CODE
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.

l	Star Financial Bank		
Mailing Address	5513 ILLINOIS ROAD		
		IN4	6804
	CITY A	STATE A	ZIP CODE
Name of Bank, De	epository, etc.		
l	First Virginia Community Bank		
Mailing Address	11325 Random Hills Rd		

22030

ZIP CODE 🔺

Fairfax VA CITY ▲ STATE ▲

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

ZIP CODE

STATE 🔺

	g Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
Name of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Sponsor
Mailing Address	PO BOX 30844		
	1		
	BETHESDA	MD	20824
Relationship:	CITY A	STATE	
Connected	Organization Affiliated Committee X Joint	Fundraising Representa	ative Leadership PAC Sponsor
Designated Agent: Identify	by name, address (phone number - optional)		
Full Name			
Full Name			
Mailing Address			
	•		ZIP CODE ▲
Mailing Address	•	STATE	
Mailing Address	Te	lephone Number	
Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or ma	Te	lephone Number	
Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or ma Name of Bank, Wells F Depository, etc.	Teries: List all banks or other depositories in which intains funds.	lephone Number	
Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or ma Name of Bank, Wells F	Teries: List all banks or other depositories in which intains funds.	lephone Number	

5(g) or (h).	Joint Fundraising	Participant:		
1. [			FEC ID number	C
2.			FEC ID number	С
з. [			FEC ID number	С
4. [			FEC ID number	С
	of Any Connected O 4 REPUBLICAN SE	rganization, Affiliated Committee, Joint Fur	draising Representativ	e, or Leadership PAC Sponsor
N	lailing Address	228 S. WASHINGTON STREET		
		SUITE 115		
				22314
R	elationship:	CITY 🔺	STATE A	ZIP CODE
	Connected C	Organization Affiliated Committee X Jo	int Fundraising Represent	ative Leadership PAC Sponsor
8. Design	ated Agent: Identify b	y name, address (phone number - optional)		
Full	Name			
Mai	iling Address			
			STATE A	
Tľ	TLE OR POSITION ▼	CITY 🔺	STATE A	ZIP CODE
			STATE ▲ Telephone Number	

Depository, etc.				
Mailing Address	1625 K. St NW			
	Washington			20006
	(	CITY 🔺	STATE A	ZIP CODE

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

1			
2.		FEC ID number	С
		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
Name of Any Connected	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Sponso
BATTLEFIELD FUND	2023		
Mailing Address	228 S WASHINGTON ST STE 115		
	ALEXANDRIA		22314
Relationship:		STATE	
Connected	d Organization	nt Fundraising Represent	ative Leadership PAC Spor
Designated Agent: Identify	v by name, address (phone number – optional)		
Full Name			
Mailing Address			
Mailing Address			
Mailing Address			
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Mailing Address	•	L	
-	•		
	· · · · · · · · · · · · · · · · · · ·	Telephone Number	
	ries: List all banks or other depositories in which	Telephone Number	
TITLE OR POSITION	ries: List all banks or other depositories in which	Telephone Number	
TITLE OR POSITION	ries: List all banks or other depositories in which	Telephone Number	
TITLE OR POSITION	ries: List all banks or other depositories in which	Telephone Number	
TITLE OR POSITION	ries: List all banks or other depositories in which intains funds.	Telephone Number	

STATE 🔺

ZIP CODE

		Participant:											
1. 🗌						FEC	ID number	С					_
2.						FEC	ID number	С					_
3.						FEC	ID number	С					
4.						FEC	ID number	С					_
	of Any Connected	-	Affiliated Co	mmittee, Joi	nt Fundra	ising R	epresentativ	ve, or	Leade	ership	PAC	Spons	or
REC													
M	ailing Address	421 OFFICE	PARK DR			1 1 1			1 1	1 1	1 1	1 1	1
			BROOK			· · · ·	I AL I		35223	3			
_	elationship:							L		ZIP			
Re									_				
		Organization by name, add		Committee number – opi		Fundraisi	ng Represen	ntative		Leader	ship P	AC Sp	on
Designa	Connected	_				Fundraisi	ng Represen	ntative			ship P	AC Sp	on
<b>Design</b> a Full	Connected	_				Fundraisi	ng Represen				ship P	AC Sp	on:
<b>Design</b> a Full	Connected	_				Fundraisi	ng Represen	ntative		Leader	ship P	AC Sp	
<b>Design</b> a Full	Connected	_				Fundraisi	ng Represen			Leader	ship P	AC Sp	
<b>Designa</b> Full Mail	Connected	by name, addi		number – opi		Fundraisi	ng Represen			Leader			
<b>Designa</b> Full Mail	Connected	by name, addi	ress (phone	number – opi	tional)								

1.						
I			FEC	ID number	С	
2.			FEC	ID number	С	
3.			FEC	ID number	С	
4.			FEC	ID number	С	
Name of Any Connected (	Organization, Affilia	ted Committee, Joint I	Fundraising Re	epresentativo	e, or Leadership PA	AC Sponso
SENATE PATH TO VI	ICTORY 2024					
Mailing Address	421 OFFICE PARI	K DR				
	BIRMINGHAM			AL	35223	-
Relationship:		CITY 🔺		STATE A	ZIP CO	
Connected	Organization A	filiated Committee	Joint Fundraisi	na Donrocont		p PAC Spor
		phone number – option				
Full Name						
Full Name						
Mailing Address						- L
Mailing Address	<pre></pre>	L	Telephone			   DE ▲

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

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ZIP CODE

5(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	С
2.			FEC ID number	C
3.			FEC ID number	C
4.			FEC ID number	С
	-	organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Sponsor
Ν	lailing Address	228 S. WASHINGTON STREET		
		SUITE 115		
			I VA I	
P	elationship:			
	Connected	Organization Affiliated Committee X Join	nt Fundraising Representa	ative Leadership PAC Sponsor
8. Design	ated Agent: Identify	by name, address (phone number – optional)		
_	ated Agent: Identify	by name, address (phone number - optional)		
Full		by name, address (phone number - optional)		
Full	Name	by name, address (phone number - optional)		
Full	Name	by name, address (phone number - optional)		
Full	Name			
Full	Name			
Full	Name		L I I I I I I I I I I I I I I I I I I I	
Full Mai TI 9. Banks	Name	CITY ▲	Telephone Number	
Full Mai 9. <b>Banks</b> safety o Name o	Name	CITY ▲ CITY ▲ CITY ▲ CITY ▲ CITY ▲	Telephone Number	s funds, holds accounts, rents

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STATE 🔺

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1.				) number	С			
2.			FEC ID	) number	С			
3.			FEC II	) number	С			
4.				) number	С			
			_					
lame of Any Connec	ed Organization, Affiliate	d Committee, Joint F	undraising Rep	oresentative	e, or Lea	adershi	D PAC	Spons
	PO BOX 13026							
Mailing Address								
			1		78	711		
			Joint Fundraising	STATE	ative		CODE	
Conne	cted Organization	liated Committee						
Designated Agent: Ide	cted Organization	liated Committee						
Conne Designated Agent: Ide Full Name	cted Organization	liated Committee						
Conne Designated Agent: Ide Full Name	cted Organization	liated Committee						
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