Only

STATEMENT OF

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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 Christopher Brainard 410 Cattle Barron Dr ADDRESS (number and street) (Check if address is changed) Rockwall 75032 TX CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS christopher.j.brainard@gmail.com (Check if address is changed) Optional Second E-Mail Address kellebrainard@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) https://www.christopherjbrainard.com (Check if address is changed) DATE 2019 C00693820 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. Brainard, Kelle, , , Type or Print Name of Treasurer Brainard, Kelle, , , [Electronically Filed] 03 06 2019 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

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		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. (Compinformation below.)	lete the candidate
Name Cand	e of lidate	Brainard, Christopher, , ,	
	lidate ⁄ Affiliati	on REP Office Sought: House Senate X President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of lidate		
Parl	ty Con	nmittee:	Domogratio
(d)		, , , ,	Democratic, depublican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.	ected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		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 seg committee. (i.e., nonconnected committee)	regated 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.)	
Join	t Fund	Iraising 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.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number C	
	2.	FEC ID number	
	3.	FEC ID number	
	1		

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Write or Type Committee N		- 0
Friends of Ch	ristopher Brainard	
	ed Organization, Affiliated Committee, Joint Fundraising Represent	ative, or Leadership PAC Sponsor
NONE		
Mailing Address		
ag / taa. ooo		
	CITY STA	TE ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Repre	esentative Leadership PAC Sponsor
Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of	the person in possession of committee
Braina Full Name	ırd, Kelle, , ,	
Mailing Address	410 Cattle Barron Dr	
Walling Address		
	Rockwall	75032
Title or Position	CITY STATI	E ZIP CODE
Campaign Treasurer	Telephone number	909 238 - 5652
Treasurer: List the name any designated agent (e.	e and address (phone number optional) of the treasurer of the comm g., assistant treasurer).	nittee; and the name and address of
Full Name Braina of Treasurer	rd, Kelle, , ,	
Mailing Address	410 Cattle Barron Dr	
	Rockwall	([75032
Title or Position Campaign Treasurer	CITY STATE	E ZIP CODE
	Telephone number	

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Full Name of Designated Agent		
Mailing Address		
	CITY	STATE ZIP CODE
Title or Position		
	Telephone numb	er
Banks or Other Depo safety deposit boxes of	or maintains funds.	
safety deposit boxes of Name of Bank, Deposi	or maintains funds.	
safety deposit boxes of Name of Bank, Deposi	ells Fargo	
safety deposit boxes of Name of Bank, Deposi	or maintains funds. ells Fargo	TX 75032
safety deposit boxes of Name of Bank, Deposi	ells Fargo 2970 Horizon Rd Rockwall	
safety deposit boxes of Name of Bank, Deposi	ells Fargo 2970 Horizon Rd Rockwall CITY	TX 75032
safety deposit boxes of Name of Bank, Deposition Mailing Address	ells Fargo 2970 Horizon Rd Rockwall CITY Sitory, etc.	TX 75032
Name of Bank, Deposi Name of Bank, Deposi Name of Bank, Deposi	ells Fargo 2970 Horizon Rd Rockwall CITY	TX 75032
safety deposit boxes of Name of Bank, Deposition Mailing Address	ells Fargo 2970 Horizon Rd Rockwall CITY Sitory, etc.	TX 75032
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Name of Bank, Deposi Name of Bank, Deposi Name of Bank, Deposi	ells Fargo 2970 Horizon Rd Rockwall CITY Sitory, etc.	TX 75032