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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. **Maryott For Congress** 31726 RANCHO VIEJO RD ADDRESS (number and street) **STE 101** (Check if address is changed) SANJUANCAPISTRANO 92675 CA CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS info@campaign-compliance.com (Check if address is changed) Optional Second E-Mail Address brianmaryott@mac.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.maryottforcongress.com (Check if address is changed) DATE 2022 C00666859 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. Maryott, Brian, , , Type or Print Name of Treasurer Maryott, Brian, , , [Electronically Filed] 08 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

Toll Free 800-424-9530 Only Local 202-694-1100

(Revised 06/2012)

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 Maryott, Brian, L, Mr,	
	Candidate Party Affiliation REP Sought: House Senate President	State CA District 49
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	2.001
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican, e	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	S).
	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	

	FEC Form 1 (Revised 0	2/2009)	Page 3
٧	Irite or Type Committee Name		_
	Maryott For Co		
6.	Name of Any Connected On NRCC CALIFORNIA	ganization, Affiliated Committee, Joint Fundraising Representative, or I	_eadership PAC Sponsor
	INCO CALII ORINA		
	Mailing Address	228 S. WASHINGTON STREET	
		SUITE 115	
		ALEXANDRIA VA	22314
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Representative	Leadership PAC Sponso
7.	Custodian of Records: Idention books and records.	fy by name, address (phone number optional) and position of the person in p	possession of committee
	Maryott, Bri	an. , ,	
	Full Name	 	
	Mailing Address	31726 RANCHO VIEJO RD	
	J	Suite 101	
		SanJuanCapistrano CA	92677-9267
	Title or Decition -	CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼	. 040	858 7448
	Treasurer	Telephone number	_ - 858 7448
}.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and issistant treasurer).	d the name and address of
	Full Name Maryott, Bri	an, , ,	
	of Treasurer		
	Mailing Address	31726 RANCHO VIEJO RD	
		Suite 101	
		SanJuanCapistrano CA	92677-9267
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	949 Telephone number	

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Full Name of Designated Agent		
Mailing Address		
Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
	depositories: List all banks or other depositories in which the committee deposits fundes or maintains funds.	ds, holds accounts, rents
Name of Bank, De	pository, etc.	
L	Wells Fargo	
Mailing Address	32222 Camino Capistrano	
	San Juan Capistrano CA	92675
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, De	pository, etc.	
	Chain Bridge Bank	
Mailing Address	1445-A Laughlin Ave	
	McLean VA	22101
	CITY ▲ STATE ▲	ZIP CODE ▲

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

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(h). Joint Fundraisin			
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
lame of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Spon
TAKE BACK THE	HOUSE 2022		
Mailing Address	PO BOX 30844		
	BETHESDA	, , MD	20824
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connected	d Organization Affiliated Committee X Joint	Fundraising Representa	ative Leadership PAC Sp
	Affiliated Committee	Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identify		Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identify		Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identify		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Sp
esignated Agent: Identify	by name, address (phone number – optional) CITY		
Full Name	by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name	by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name	control of the property of the	STATE A	ZIP CODE A
Full Name	control of the property of the	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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

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5(g) or (h)). Joint Fundraising	Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
	<u>-</u>	Organization, Affiliated Committee, Joint Fundrai		e, or Leadership PAC Sponsor
<u>N</u>	MARYOTT FOR C	A-49 REPUBLICAN NOMINEE FUNI) 2022 	
L				
	Mailing Address	PO BOX 9891		
	J			
		ARLINGTON	, VA	22219
	Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	Connected		undraising Representa	
		by name, address (phone number – optional)		
	Full Name			
	Mailing Address			
		CITY A	STATE A	ZIP CODE A
	Mailing Address	1	STATE A	ZIP CODE A
9. Bar safe	Mailing Address TITLE OR POSITION To the control of Bank, me of Bank,	Tele es: List all banks or other depositories in which th	phone Number	
9. Bar safe	Mailing Address TITLE OR POSITION nks or Other Depositoriety deposit boxes or main	Tele es: List all banks or other depositories in which th	phone Number	
9. Bar safe	Mailing Address TITLE OR POSITION To the control of Bank, me of Bank,	Tele es: List all banks or other depositories in which th	phone Number	
9. Bar safe	Mailing Address TITLE OR POSITION Inks or Other Depositoriety deposit boxes or main me of Bank, pository, etc.	Tele es: List all banks or other depositories in which th	phone Number	
9. Bar safe	Mailing Address TITLE OR POSITION Inks or Other Depositoriety deposit boxes or main me of Bank, pository, etc.	Tele es: List all banks or other depositories in which th	phone Number	

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

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5(a)	or(h). Joint Fundraising	n Particinant:		
O(g)	1.	,	FEC ID number	C
	2.		FEC ID number	C
			FEC ID number	C
	3.		FEC ID number	C
	4		1 LO 15 Hambor	0
6.	Name of Any Connected (Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
	Mailing Address	9070 IRVINE CENTER DRIVE #150		
		IRVINE	CA CA	92618
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC Sponsor
8.		by name, address (phone number – optional)		
8.	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			
8.	Full Name	CITY A	STATE A	ZIP CODE A
8.	Full Name	CITY A	STATE A	ZIP CODE A
9.	Full Name Mailing Address TITLE OR POSITION	CITY A Tel ies: List all banks or other depositories in which t	ephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank,	CITY A Tel ies: List all banks or other depositories in which t	ephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.	CITY A Tel ies: List all banks or other depositories in which t	ephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.	CITY A Tel ies: List all banks or other depositories in which t	ephone Number	

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

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n). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
7.			
ame of Any Connected	l Organization, Affiliated Committee, Joint	Fundraising Representative	ve, or Leadership PAC Spor
TAKE BACK THE	E HOUSE CALIFORNIA 2022		
Mailing Address	PO BOX 30844		
	BETHESDA	MD MD	20824
Relationship:	CITY A	STATE A	ZIP CODE ▲
	Affiliated Committee Affiliated Committee fy by name, address (phone number – option	Joint Fundraising Represen	tative Leadership PAC S
			tative Leadership PAC S
esignated Agent: Identi			tative Leadership PAC S
esignated Agent: Identi			Leadership PAC S
esignated Agent: Identi		nal)	Leadership PAC S
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optio	nal)	
esignated Agent: Identi	fy by name, address (phone number – optio	nal)	
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optio	state A	ZIP CODE A
Pesignated Agent: Identic Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optio	state A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or mame of Bank,	fy by name, address (phone number – optio	state A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optio	state A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optio	state A	ZIP CODE A