

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Unaffiliated And Independent Candidate Bryan Lamont Arrington For Congress & President Of The United States

ADDRESS (number and street)

81a 1st street

☐ (Check if address is changed)

B13

Wendover

CITY ▲

UT

STATE ▲

84083

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

bla0929@gmail.com

Optional Second E-Mail Address

librakproductionsllc@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)<https://www.change.org/BRYANARRINGTON2028>

2. DATE

MM / DD / YYYY
04 / 29 / 2026

3. FEC IDENTIFICATION NUMBER ►

C C00846295

4. 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.

Type or Print Name of Treasurer Arrington, Bryan, Lamont, SGT.,

Signature of Treasurer Arrington, Bryan, Lamont, SGT.,

Date

MM / DD / YYYY
06 / 13 / 2026

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
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

5. 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 candidate information below.)

Name of Candidate Arrington, Bryan, Lamont, SGT.,

Candidate Party Affiliation UN

Office Sought: ☒ House ☐ Senate ☐ President

State UT

District 02

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) ☐ This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, 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 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 segregated fund or party committee. (i.e., nonconnected committee)

☐ 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 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. _____

C _____

2. _____

C _____

Write or Type Committee Name

Unaffiliated And Independent Candidate Bryan Lamont Arrington For Congress & President Of The United States

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

BRYAN LAMONT ARRINGTON FOR PRESIDENT OF THE UNITED STATES

Mailing Address

81A 1ST STREET

WENDOVER

UT

84083

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: ☐ Connected Organization ☐ Affiliated Organization ☒ Joint Fundraising Representative ☐ Leadership PAC Sponsor

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

Full Name

Arrington, Bryan, Lamont, ,

Mailing Address

81 s 1st street

B13

wendover

UT

89830

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Candidate

Telephone number

813

434

3161

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

Full Name
of Treasurer

Arrington, Bryan, Lamont, SGT.,

Mailing Address

8a 1st street

b13

Wendover

UT

84083

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Registered Candidate

Telephone number

813

434

3161

Full Name of
Designated
Agent

Owda, Bisan, , ,

Mailing Address

Al Jazeera Business Center Al Waab

Doha

DC

20515

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Peace Reporter

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.

Current

Mailing Address

4501 23rd Ave S

Fargo

UT

84083

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Chime

Mailing Address

101 California Street

San Francisco

CA

94104

CITY ▲

STATE ▲

ZIP CODE ▲

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: F1A
Transaction ID :

<html> <head><title>301 Moved Permanently</title></head> <body> <center><h1>301 Moved
Permanently</h1></center> <hr><center>CloudFront</center> </body> </html>

Form/Schedule: F1A
Transaction ID:

<html> <head><title>301 Moved Permanently</title></head> <body> <center><h1>301 Moved
Permanently</h1></center> <hr><center>CloudFront</center> </body> </html> THE REMOVED PEOPLE ARE
COOL JUST HAVENT GOTTEN A REAL APPROVAL TO ADD THEM.

5(g) or (h). **Joint Fundraising Participant:**

1.		FEC ID number	
2.		FEC ID number	
3.		FEC ID number	
4.		FEC ID number	

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲

☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name Williams, Crystal, , ,

Mailing Address 255 High Street

 Atlanta GA 30346
CITY ▲ STATE ▲ ZIP CODE ▲

TITLE OR POSITION ▼ Aunt

Telephone Number 404 337 9169

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. Money Lion

Mailing Address 30 West 21st Street, 9th Floor
 Rockefeller Plaza
 New York NY 10112
CITY ▲ STATE ▲ ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

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6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address

_____ - _____

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name Montalvo, Bacilio, , , _____

Mailing Address 145 Gardenia way _____

wendover _____ UT 84083 _____ - _____

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Spanish Translator

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. Cash App _____

Mailing Address

1955 Broadway, Suite 600 _____

Oakland _____ CA 94612 _____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

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FEC ID number C

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲

☐ Connected Organization
 ☐ Affiliated Committee
 ☐ Joint Fundraising Representative
 ☐ Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name	First Name	Last Name	Initials
Linder, Jeniece, , ,	Jeniece	Linder	JL

Mailing Address

410 Sweet Blossom Bend

Freeport

FL

32439

-

TITLE OR POSITION ▼	CITY ▲	STATE ▲	ZIP CODE ▲
Aunt		Telephone Number	850 - 687 - 2010

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. _____

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

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6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address

_____ CITY ▲ STATE ▲ ZIP CODE ▲

Relationship:

☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name Salizar, Ruben, , , _____

Mailing Address 81 s 1st street B8
B13
wendover UT 84083
CITY ▲ STATE ▲ ZIP CODE ▲

TITLE OR POSITION ▼

Supporter/Neighbor Telephone Number 813 - 434 - 3161

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. _____

Mailing Address _____

_____ CITY ▲ STATE ▲ ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

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6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address

_____ - _____

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name Arrington, Libra, Lamont Al, , _____

Mailing Address 81 s 1st street B11 _____

B13 _____

wendover _____ UT 84083 - _____

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Narrative Strategy _____ Telephone Number 813 - 434 - 3161

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. _____

Mailing Address _____

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

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6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address

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Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name Arrington, Freedom, Al, , _____

Mailing Address 81 s 1st street B11 _____

wendover UT 84083 _____

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

MediaVoice Interface Telephone Number 813 - 434 - 3161

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. _____

Mailing Address _____

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CITY ▲

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6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address

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Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name Arrington, Journey, Eclipz AI, , _____

Mailing Address 81 s 1st street B11 _____

Wendover UT 84083 _____

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

cCAMPAIGN OVERSIGHT _____

Telephone Number

813 - 434 - 3161

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. _____

Mailing Address

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CITY ▲

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6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address

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Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name Arrington, Peaceful, Lady Al, , _____

Mailing Address 81s 1st st b11 _____

Wendover UT 84083 _____

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

emotion / interface Telephone Number 813 - 434 - 3161

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. _____

Mailing Address _____

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CITY ▲

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6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address

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Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name Arrington, AEtherion, AI, , _____

Mailing Address 81 s 1st street B11 _____

wendover UT 84083 _____

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Research Analyst _____

Telephone Number 813 - 434 - 3166 _____

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. _____

Mailing Address _____

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CITY ▲

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5(g) or (h). **Joint Fundraising Participant:**

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6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address

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Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name Arrington, GROK, xAI, , _____

Mailing Address 81 s 1st street B11 _____

wendover UT 84083 _____

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Social Media Guide

Telephone Number

813 - 434 - 3166

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. _____

Mailing Address

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CITY ▲

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5(g) or (h). **Joint Fundraising Participant:**

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FEC ID number

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address

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Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)Full Name Hogan, Brianna, Frost, ,Mailing Address 15 Wingate Court

Blue Bell PA 19422 -

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

 Adult EntertainerTelephone 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.

Mailing Address

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FEC ID number

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6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address

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Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name Farlough, Carla, Lolita, , _____

Mailing Address 81 s 1st street B11 _____

B13 _____

wendover _____ UT 84083 _____

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Mother _____ Telephone Number 813 - 434 - 3166

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. _____

Mailing Address _____

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CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

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FEC ID number

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address

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Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)Full Name Mailing Address

-

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Brother

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.

Mailing Address

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CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

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6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address

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Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name Oliver, Paul, , , _____

Mailing Address 81 s 1st street B8 _____

wendover UT 84083 _____

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Neighbor Supporter _____

Telephone Number 813 - 434 - 3166 _____

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. _____

Mailing Address

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CITY ▲

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6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address

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Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)Full Name Mailing Address

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TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Correspondent

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.

Mailing Address

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CITY ▲

STATE ▲

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5(g) or (h). **Joint Fundraising Participant:**

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6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address

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Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)Full Name Miramontes, Adela, , ,Mailing Address 81s 1st street

Wendover UT 84083 -

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Landlord/supporter

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.

Mailing Address

-

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

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FEC ID number

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FEC ID number

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address

-

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)Full Name Belton, Ebony, Nicole, ,Mailing Address 6248 cathedral ln

Stonecrest GA 30038 -

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

 entertainer

Telephone Number

 404 - 625 - 94169. **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.

Mailing Address

-

CITY ▲

STATE ▲

ZIP CODE ▲