

48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL SCOTT BROWN FOR NEW HAMPSHIRE, INC.																						
ADDRESS (number and street) PO BOX 606																						
CITY RYE	STATE NH	ZIP CODE 03870																				
2. NAME OF CANDIDATE BROWN, SCOTT, P., ,		3. OFFICE SOUGHT (State and District) Senate NH 00		4. FEC IDENTIFICATION NUMBER C00909622																		
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;"> A. FULL NAME CHOATE, ARTHUR, B., , </td> <td style="padding: 5px;"> Name of Employer RETIRED </td> <td style="padding: 5px;"> Date (month, day, year) 08/20/2026 </td> <td style="padding: 5px;"> Amount 5000.00 </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> MAILING ADDRESS 1390 S DIXIE HIGHWAY STE. 2221 </td> <td colspan="2" style="padding: 5px;"> Transaction ID : 178470691 </td> </tr> <tr> <td style="padding: 5px;"> CITY CORAL GABLES </td> <td style="padding: 5px;"> STATE FL </td> <td style="padding: 5px;"> ZIP CODE 33146 </td> <td style="padding: 5px;"> Occupation RETIRED </td> <td colspan="2"></td> </tr> </table>					A. FULL NAME CHOATE, ARTHUR, B., ,			Name of Employer RETIRED	Date (month, day, year) 08/20/2026	Amount 5000.00	MAILING ADDRESS 1390 S DIXIE HIGHWAY STE. 2221			Transaction ID : 178470691		CITY CORAL GABLES	STATE FL	ZIP CODE 33146	Occupation RETIRED			
A. FULL NAME CHOATE, ARTHUR, B., ,			Name of Employer RETIRED	Date (month, day, year) 08/20/2026	Amount 5000.00																	
MAILING ADDRESS 1390 S DIXIE HIGHWAY STE. 2221			Transaction ID : 178470691																			
CITY CORAL GABLES	STATE FL	ZIP CODE 33146	Occupation RETIRED																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;"> B. FULL NAME </td> <td style="padding: 5px;"> Name of Employer </td> <td style="padding: 5px;"> Date (month, day, year) </td> <td style="padding: 5px;"> Amount </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> MAILING ADDRESS </td> <td colspan="3"></td> </tr> <tr> <td style="padding: 5px;"> CITY </td> <td style="padding: 5px;"> STATE </td> <td style="padding: 5px;"> ZIP CODE </td> <td style="padding: 5px;"> Occupation </td> <td colspan="2"></td> </tr> </table>					B. FULL NAME			Name of Employer	Date (month, day, year)	Amount	MAILING ADDRESS						CITY	STATE	ZIP CODE	Occupation		
B. FULL NAME			Name of Employer	Date (month, day, year)	Amount																	
MAILING ADDRESS																						
CITY	STATE	ZIP CODE	Occupation																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;"> C. FULL NAME </td> <td style="padding: 5px;"> Name of Employer </td> <td style="padding: 5px;"> Date (month, day, year) </td> <td style="padding: 5px;"> Amount </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> MAILING ADDRESS </td> <td colspan="3"></td> </tr> <tr> <td style="padding: 5px;"> CITY </td> <td style="padding: 5px;"> STATE </td> <td style="padding: 5px;"> ZIP CODE </td> <td style="padding: 5px;"> Occupation </td> <td colspan="2"></td> </tr> </table>					C. FULL NAME			Name of Employer	Date (month, day, year)	Amount	MAILING ADDRESS						CITY	STATE	ZIP CODE	Occupation		
C. FULL NAME			Name of Employer	Date (month, day, year)	Amount																	
MAILING ADDRESS																						
CITY	STATE	ZIP CODE	Occupation																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;"> D. FULL NAME </td> <td style="padding: 5px;"> Name of Employer </td> <td style="padding: 5px;"> Date (month, day, year) </td> <td style="padding: 5px;"> Amount </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> MAILING ADDRESS </td> <td colspan="3"></td> </tr> <tr> <td style="padding: 5px;"> CITY </td> <td style="padding: 5px;"> STATE </td> <td style="padding: 5px;"> ZIP CODE </td> <td style="padding: 5px;"> Occupation </td> <td colspan="2"></td> </tr> </table>					D. FULL NAME			Name of Employer	Date (month, day, year)	Amount	MAILING ADDRESS						CITY	STATE	ZIP CODE	Occupation		
D. FULL NAME			Name of Employer	Date (month, day, year)	Amount																	
MAILING ADDRESS																						
CITY	STATE	ZIP CODE	Occupation																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;"> E. FULL NAME </td> <td style="padding: 5px;"> Name of Employer </td> <td style="padding: 5px;"> Date (month, day, year) </td> <td style="padding: 5px;"> Amount </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> MAILING ADDRESS </td> <td colspan="3"></td> </tr> <tr> <td style="padding: 5px;"> CITY </td> <td style="padding: 5px;"> STATE </td> <td style="padding: 5px;"> ZIP CODE </td> <td style="padding: 5px;"> Occupation </td> <td colspan="2"></td> </tr> </table>					E. FULL NAME			Name of Employer	Date (month, day, year)	Amount	MAILING ADDRESS						CITY	STATE	ZIP CODE	Occupation		
E. FULL NAME			Name of Employer	Date (month, day, year)	Amount																	
MAILING ADDRESS																						
CITY	STATE	ZIP CODE	Occupation																			
SIGNATURE (optional) CRATE, BRADLEY, T., ,				DATE 08/22/2026	For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov																	

--	--	--

Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

FEC FORM 6
(Revised 03/2016)