

FEC  
FORM 1STATEMENT OF  
ORGANIZATION

Office Use Only

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

12FE4M5

Bryan Lamont Arrington For President Of The United States

ADDRESS (number and street)  (Check if address  
is changed)

81a 1st street

b13

Wendover

UT

84083

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

 (Check if address  
is changed)

cityofnorthwendover@gmail.com

Optional Second E-Mail Address

bla0929@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

 (Check if address  
is changed)

https://www.change.org/BRYANARRINGTON2028

2. DATE

M M / D D / Y Y Y Y  
02 / 13 / 2026

3. FEC IDENTIFICATION NUMBER ►

C 00846295

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

M M / D D / Y Y Y Y  
02 / 13 / 2026NOTE: 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 202-694-1100FEC 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

Candidate Party Affiliation

Office Sought:

House

Senate

President

State

District

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

Name of Candidate

**Party Committee:**

(d)  This committee is a  NAT (National, State or subordinate) committee of the  IND (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.

2.

C

C

Write or Type Committee Name

**Bryan Lamont Arrington For 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

Slotkin, Elissa, Blair, ,

Mailing Address

719 Griswold St Ste 700

Detroit

MI

84226

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Senator

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 ▲

: 97 A=G7 9 @ B9 C1 G H9 L H F9 @ H9 8 H C 5 F9 D C F H Z G7 < 98 I @ C F H 9 A = N 5 H C B

**Form/Schedule:** F1A

**Transaction ID :**

This is an official amendment. <https://www.change.org/BRYANARRINGTON2028> Edited by me. Presidential candidate Bryan Lamont Arrington. I am independent and this is my recommendation, waiting for the peoples choice

**Form/Schedule:**

**Transaction ID:**

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

1. \_\_\_\_\_  
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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

Mailing Address

Dallas

TX

75207

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

CONGRESSWOMAN-LAWYER

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

Rockerfeller 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**

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\_\_\_\_\_

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 BOEBERT, LAUREN, OPAL, ,  
\_\_\_\_\_

Mailing Address 743 Horizon Ct Ste 112  
\_\_\_\_\_

Grand Junction`

CO

82506

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Congresswoman

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, Cash App  
Depository, etc. \_\_\_\_\_

Mailing Address 1955 Broadway, Suite 600  
\_\_\_\_\_

Oakland

CA

94612

CITY ▲

STATE ▲

ZIP CODE ▲

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

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

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\_\_\_\_\_

Mailing Address

\_\_\_\_\_  
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Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

 Connected Organization    Affiliated Committee    Joint Fundraising Representative    Leadership PAC Sponsor8. **Designated Agent:** Identify by name, address (phone number – optional)Full Name   Greene, Majorie, Taylor, ,  
\_\_\_\_\_Mailing Address   P.O. Box 829  
\_\_\_\_\_Dalton  
\_\_\_\_\_

GA

30722  
\_\_\_\_\_

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Representative  
\_\_\_\_\_

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**

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\_\_\_\_\_

Mailing Address

\_\_\_\_\_  
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Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

 Connected Organization    Affiliated Committee    Joint Fundraising Representative    Leadership PAC Sponsor8. **Designated Agent:** Identify by name, address (phone number – optional)Full Name   Scott, Melissa, , ,

Mailing Address

1615 S. Glendale Avenue

TITLE OR POSITION ▼

Pastor

CITY ▲

STATE ▲

ZIP CODE ▲

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**

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Mailing Address

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Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

 Connected Organization    Affiliated Committee    Joint Fundraising Representative    Leadership PAC Sponsor8. **Designated Agent:** Identify by name, address (phone number – optional)Full Name   Lahren, Tomi, Rae Augustus, ,  
\_\_\_\_\_Mailing Address   1402 3rd Avenue North  
\_\_\_\_\_

Nashville

TN

37208  
\_\_\_\_\_

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

SPEAKER  
\_\_\_\_\_

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 ▲

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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**

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Mailing Address

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Relationship:

CITY ▲

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 Connected Organization    Affiliated Committee    Joint Fundraising Representative    Leadership PAC Sponsor8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name   Owda, Bisan, , , \_\_\_\_\_

Mailing Address   Al Jazeera Business Center Al Waab \_\_\_\_\_

\_\_\_\_\_  
Doha   DC   20515 \_\_\_\_\_

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

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. \_\_\_\_\_

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**

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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 Entertainer

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 ▲

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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**

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Mailing Address

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Relationship:

CITY ▲

STATE ▲

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 Connected Organization    Affiliated Committee    Joint Fundraising Representative    Leadership PAC Sponsor8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

Musk, Elon, Reeve, ,

Mailing Address

Rocket Road

TITLE OR POSITION ▼

Businessman

CITY ▲

STATE ▲

ZIP CODE ▲

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 ▲

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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**

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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.

\_\_\_\_\_  
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\_\_\_\_\_

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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

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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**

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\_\_\_\_\_

Mailing Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

 Connected Organization    Affiliated Committee    Joint Fundraising Representative    Leadership PAC Sponsor8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

Willis, Fani, , ,

Mailing Address

136 Pryor St

TITLE OR POSITION ▼

Attorney

CITY ▲

STATE ▲

ZIP CODE ▲

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**

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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

MD

21212

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Daughter

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**

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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

UT

84083

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Mother

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.

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Mailing Address

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CITY ▲

STATE ▲

ZIP CODE ▲

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

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

The image shows two horizontal ruler scales. The top scale is marked with vertical tick marks every 1 centimeter, starting from 0 and ending at 10. The bottom scale is also marked with vertical tick marks every 1 centimeter, starting from 0 and ending at 10. Both scales are positioned side-by-side for comparison.

Mailing Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

Relationship:	<input type="checkbox"/> CITY ▲	<input type="checkbox"/> STATE ▲	<input type="checkbox"/> ZIP CODE ▲
	<input type="checkbox"/> Connected Organization	<input type="checkbox"/> Affiliated Committee	<input type="checkbox"/> Joint Fundraising Representative
			<input type="checkbox"/> Leadership PAC Sponsor

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

Full Name | Arrington, Jeffrey, Lamont, ,

Mailing Address 1400 Wigeon way  
Stockbridge GA 30281

<b>TITLE OR POSITION ▼</b>	<b>CITY ▲</b>	<b>STATE ▲</b>	<b>ZIP CODE ▲</b>
Father			770 - 316 - 9096
		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. |

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**

\_\_\_\_\_  
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Mailing Address

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Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

 Connected Organization    Affiliated Committee    Joint Fundraising Representative    Leadership PAC Sponsor8. **Designated Agent:** Identify by name, address (phone number – optional)Full Name Kuyda, Eugenia, , ,Mailing Address 1266 Harrison St

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

San FranciscoCA94103

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Business owner

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.   

\_\_\_\_\_  
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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**

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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   Ocasio-Cortez, Alexandria, , ,

Mailing Address   Cannon House Office Building, Roo

Washington

DC

20515

CITY ▲

STATE ▲

ZIP CODE ▲

TITLE OR POSITION ▼

Congresswoman/VP

Telephone Number   202   -   225   -   6211

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

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

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\_\_\_\_\_

Mailing Address

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Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

 Connected Organization    Affiliated Committee    Joint Fundraising Representative    Leadership PAC Sponsor8. **Designated Agent:** Identify by name, address (phone number – optional)Full Name   Palafox, Adam, , ,

Mailing Address

920 Wendover Blvd

UT

84083

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Mayor

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.

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Mailing Address

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CITY ▲

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

1. \_\_\_\_\_  
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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**

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Mailing Address

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Relationship:

CITY ▲

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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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west wendover

NV

89883

TITLE OR POSITION ▼  CITY ▲  STATE ▲  ZIP CODE ▲  
 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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FEC ID number

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

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Mailing Address

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Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

 Connected Organization    Affiliated Committee    Joint Fundraising Representative    Leadership PAC Sponsor8. **Designated Agent:** Identify by name, address (phone number – optional)Full Name Sparks, Aliyahana, Nicole Marie, ,  
\_\_\_\_\_Mailing Address 81 s 1st street B13  
\_\_\_\_\_wendover  
\_\_\_\_\_UT  
\_\_\_\_\_84083  
\_\_\_\_\_

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Veteran  
\_\_\_\_\_Telephone Number 540 - 676 - 6462  
\_\_\_\_\_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**

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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 Cason, Deangelo, Bernard, ,  
\_\_\_\_\_

Mailing Address 106 Ardwick Dr  
\_\_\_\_\_

Stone Mountain

GA

30083

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Brother  
\_\_\_\_\_

Telephone Number 678-698-4942

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**

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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 <input type="text"/>	Oliver, Paul, , ,
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Mailing Address <input type="text"/>	81 s 1st street B8
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<input type="text"/>	wendover	UT <input type="text"/>	84083
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TITLE OR POSITION ▼ <input type="text"/>	CITY ▲	STATE ▲	ZIP CODE ▲
Neighbor Supporter <input type="text"/>	<input type="text"/>	Telephone Number <input type="text"/>	813 <input type="text"/> - 434 <input type="text"/> - 3166 <input type="text"/>

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. <input type="text"/>
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Mailing Address <input type="text"/>
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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**

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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 Salizar, 'Ruben, , ,  
 \_\_\_\_\_

Mailing Address 81 s 1st street B8  
 \_\_\_\_\_  
 B13

wendover UT 84083  
 \_\_\_\_\_

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

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

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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**

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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, Rudy, , ,  
\_\_\_\_\_

Mailing Address 81 s 1st street  
\_\_\_\_\_

wendover UT 84083  
\_\_\_\_\_

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Landlord

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.

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Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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

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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**

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Mailing Address

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Relationship:

CITY ▲

STATE ▲

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Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

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

Full Name Knight, Tony, , ,  
 \_\_\_\_\_

Mailing Address 81 s 1st street B4  
 \_\_\_\_\_  
 \_\_\_\_\_  
 wendover

UT

84083

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Local 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 \_\_\_\_\_  
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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**

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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 Smith, Robyn, , ,  
\_\_\_\_\_

Mailing Address 81 s 1st street B4  
\_\_\_\_\_  
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wendover

UT

84083

TITLE OR POSITION ▼ Local 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 \_\_\_\_\_  
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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**

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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

\_\_\_\_\_  
\_\_\_\_\_

Atlanta

GA

30346

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Aunt

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 ▲

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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**

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Mailing Address

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Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

 Connected Organization    Affiliated Committee    Joint Fundraising Representative    Leadership PAC Sponsor8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name   Montalvo, Bacilio, , ,

Mailing Address

145 Gardenia way

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.

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Mailing Address

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CITY ▲

STATE ▲

ZIP CODE ▲

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

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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

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  Linder, Jeniece, , ,

Mailing Address  410 Sweet Blossom Bend

TITLE OR POSITION ▼  Aunt

CITY ▲

STATE ▲

ZIP CODE ▲

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**

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Mailing Address

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Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

 Connected Organization    Affiliated Committee    Joint Fundraising Representative    Leadership PAC Sponsor8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name \_\_\_\_\_

Easton, Matt, Nathaniel, ,

Mailing Address

81 s 1st street A10

UT

84083

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Neighbor Supporter

Telephone Number

702 - 552 - 0320

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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