PAGE 1/5 =

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. Brittain for US Senate 8625 E Sharon Dr ADDRESS (number and street) (Check if address is changed) Scottsdale 85260 ΑZ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS craig@brittainforsenate.com (Check if address is changed) Optional Second E-Mail Address craigrbrittain@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) brittainforsenate.com (Check if address is changed) DATE 09 2019 C00656298 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. BRITTAIN, CRAIG R, R, , Type or Print Name of Treasurer BRITTAIN, CRAIG R, R, , [Electronically Filed] 04 09 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 Only Local 202-694-1100

| FEC Form 1 (Revised 02/2009) | ge 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 conformation below.) | candidate |
| Name of Candidate BRITTAIN, CRAIG R, , , | |
| Candidate Office State | AZ |
| Party Affiliation REP Sought: House X Senate President Distric | ot 06 |
| (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Name of Candidate | |
| Party Committee: | |
| (Mational, State (Democrat or subordinate) committee of the Republican | ic, ı, etc.) Party. |
| Political Action Committee (PAC): | |
| (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization | anization is a: |
| Corporation Corporation w/o Capital Stock Labor O | rganization |
| Membership Organization Trade Association Coopera | tive |
| 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 to committee. (i.e., nonconnected committee) | und or party |
| In addition, this committee is a Lobbyist/Registrant PAC. | |
| In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | |
| Joint Fundraising Representative: | |
| (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, at least one of which is an authorized committee of a federal candidate. | political |
| (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, none of which is an authorized committee of a federal candidate. | political |
| Committees Participating in Joint Fundraiser | |
| 1. | |
| 2. FEC ID number C | |
| 3. | |
| 4. | |

| FEC Form 1 (Revised 02/2009) | Page 3 |
|---|----------------------------|
| Write or Type Committee Name | raye 3 |
| Brittain for US Senate | |
| | andership DAC Spensor |
| 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Le | adership PAC Sponsor |
| Brittain for US Senate | |
| | |
| 8625 E Sharon Dr Mailing Address | |
| | |
| Scottsdale AZ 85: | 260 |
| CITY STATE | ZIP CODE |
| CITT | ZIF CODE |
| Relationship: x Connected Organization Affiliated Committee Joint Fundraising Representative | Leadership PAC Sponsor |
| | |
| . Custodian of Records: Identify by name, address (phone number optional) and position of the person books and records. | in possession of committee |
| BRITTAIN, CRAIG R, R, , | 1 |
| Full Name,8625 E SHARON DR | |
| Mailing Address | |
| | |
| SCOTTSDALE AZ 85 | 5260 |
| Title or Position CITY STATE | ZIP CODE |
| Custodian 602 Telephone number | _ 502 _ 5612 |
| 3. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and t any designated agent (e.g., assistant treasurer). | the name and address of |
| Full Name BRITTAIN, CRAIG R, R, , | |
| of Treasurer | |
| Mailing Address 8625 E SHARON DR | |
| | |
| SCOTTSDALE AZ 85. | 260 |
| CITY STATE Title or Position | ZIP CODE |
| Treasurer 602 Telephone number | - 502 - 5612 |

| | evised 02/2009) | Page 4 |
|---|--|-------------------------|
| | | |
| Full Name of Designated BRIT Agent | TTAIN, CRAIG R, , , | |
| Mailing Address | 8625 E SHARON DR | |
| | | |
| | SCOTTSDALE AZ 85 CITY STATE | ZIP CODE |
| Title or Position Candidate | Telephone number | _ 502 _ 5612 |
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| safety deposit boxes or Name of Bank, Deposit | r maintains funds. tory, etc. | , noids accounts, tents |
| safety deposit boxes or Name of Bank, Deposit | r maintains funds. | , noids accounts, rents |
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FEC Form 1S (Revised 02/2017)

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

Page ____ **of** ____

| h). Joint Fundraising | an tro-pariti | | | 0 |
|---|---|----------------------|----------------|----------------------------|
| 1. | | FEC | ID number | С |
| 2 | | FEC | ID number | C |
| 3. | | FEC | ID number | С |
| 4. | | FEC | ID number | С |
| ame of Any Connected O | ganization, Affiliated Committee, . | Joint Fundraising F | Representativ | e, or Leadership PAC Spon |
| | | | | |
| | | | | |
| Mailing Address | | | | |
| | | | | |
| | | | | |
| Relationship: | CITY A | | STATE ▲ | ZIP CODE ▲ |
| | y name, address (phone number - | | sing Represent | ative Leadership PAC S |
| esignated Agent: Identify b BRITTAIN, Full Name | y name, address (phone number – | | sing Represent | ative Leadership PAC S |
| esignated Agent: Identify b | y name, address (phone number – CRAIG R, , , | | sing Represent | ative Leadership PAC S |
| esignated Agent: Identify b BRITTAIN, Full Name | y name, address (phone number – CRAIG R, , , 8625 E SHARON DR | | | |
| esignated Agent: Identify b BRITTAIN, Full Name | y name, address (phone number – CRAIG R, , , 8625 E SHARON DR SCOTTSDALE | optional) | AZ | 85260 |
| esignated Agent: Identify be BRITTAIN, Full Name Line Mailing Address TITLE OR POSITION | y name, address (phone number – CRAIG R, , , 8625 E SHARON DR | optional) | AZ STATE A | 85260 ZIP CODE A |
| esignated Agent: Identify b BRITTAIN, Full Name L | y name, address (phone number – CRAIG R, , , 8625 E SHARON DR SCOTTSDALE | optional) | AZ AZ STATE A | 85260 |
| esignated Agent: Identify be BRITTAIN, Full Name Mailing Address TITLE OR POSITION ▼ Treasurer | y name, address (phone number – CRAIG R, , , 8625 E SHARON DR SCOTTSDALE CITY s: List all banks or other depositoric | optional) Telephone | STATE A | 85260 ZIP CODE A |
| BRITTAIN, Full Name Mailing Address TITLE OR POSITION Treasurer Treasurer anks or Other Depositorie afety deposit boxes or maintain | y name, address (phone number – CRAIG R, , , 8625 E SHARON DR SCOTTSDALE CITY s: List all banks or other depositoric | optional) Telephone | STATE A | 85260 ZIP CODE A |
| BRITTAIN, Full Name Mailing Address TITLE OR POSITION ▼ Treasurer anks or Other Depositorie afety deposit boxes or maint ame of Bank, epository, etc. | y name, address (phone number – CRAIG R, , , 8625 E SHARON DR SCOTTSDALE CITY s: List all banks or other depositoric | optional) Telephone | STATE A | 85260 ZIP CODE A |