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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. ABAMA REPUBLICAN PARTY 3505 LORNA ROAD ADDRESS (number and street) (Check if address is changed) **HOOVER** 35216 ALCITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS sallie.m.bryant@gmail.com (Check if address is changed) Optional Second E-Mail Address client@redcurve.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 25 2020 C00044776 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. BRYANT, SALLIE, , MRS., Type or Print Name of Treasurer BRYANT, SALLIE, , MRS., [Electronically Filed] 10 08 2020 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 <b>Form</b>	1 (Revised 02/2009)	Page <b>2</b>						
. TYPE OF COM								
	Candidate Committee:							
(a) Ti	his committee is a principal campaign committee. (Complete the candidate information below.)							
	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						
(c) TI	his committee supports/opposes only one candidate, and is NOT an authorized committee.							
Name of Candidate								
Party Commi								
(d) <b>X</b> TI	CTA CTA DED C	Democratic, Republican, etc.) Party.						
Political Action	on Committee (PAC):							
(e) TI	his committee is a separate segregated fund. (Identify connected organization on line 6.) Its conr	nected 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.							
	This committee supports/opposes more than one Federal candidate, and is NOT a separate segommittee. (i.e., nonconnected committee)	gregated 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.)							
Joint Fundrai	ising Representative:							
	nis committee collects contributions, pays fundraising expenses and disburses net proceeds for two promittees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political						
	nis committee collects contributions, pays fundraising expenses and disburses net proceeds for two ommittees/organizations, none of which is an authorized committee of a federal candidate.	o or more political						
Committees Participating in Joint Fundraiser								
1.	FEC ID number							
2.								
3.								
4.								

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Write or Type Committee Name	
ALABAMA REPUBLICAN PAR	₹ I Y
6. Name of Any Connected Organization, Affiliated Comr	mittee, Joint Fundraising Representative, or Leadership PAC Sponsor
TRUMP VICTORY	
C/O RED CURVE SOLUTION Mailing Address	NS
138 CONANT STREET, 2ND	PFLOOR
BEVERLY	MA 01915
CITY	Y STATE ZIP CODE
Relationship: Connected Organization Affiliated Co	ommittee 🗶 Joint Fundraising Representative Leadership PAC Sponsor
<ol> <li>Custodian of Records: Identify by name, address (phone books and records.</li> </ol>	e number optional) and position of the person in possession of committee
SACHS, HAROLD, , MR.,	
Full Name	
Mailing Address	
DOUBLE SPRINGS	AL 35553
Title or Position CITY	STATE ZIP CODE
CHIEF OF STAFF	Telephone number 205 - 275 - 8866
3. Treasurer: List the name and address (phone number or any designated agent (e.g., assistant treasurer).	optional) of the treasurer of the committee; and the name and address of
Full Name BRYANT, SALLIE, , MRS.,	
of Treasurer	
Mailing Address 4008 ACTON CIRCLE	
BIRMINGHAM	AL 35243
CITY	STATE ZIP CODE
Title or Position TREASURER	Telephone number 205 - 568 - 5610

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Full Name of Designated Agent		
Mailing Address		
	CITY STATE Z	ZIP CODE
Title or Position	Telephone number	
safety deposit bo Name of Bank, D	xes or maintains funds.  Depository, etc.	
	SERVISFIRST BANK	
Mailing Address	SERVISFIRST BANK  850 SHADES CREEK PKWY  STE 200	
Mailing Address	850 SHADES CREEK PKWY	63
Mailing Address	STE 200  MOUNTAIN BRK  AL 35209-44	63 — L
Mailing Address  Name of Bank, D	STE 200  MOUNTAIN BRK  CITY  STATE	
Name of Bank, D	STE 200  MOUNTAIN BRK  CITY  STATE	
	STE 200  MOUNTAIN BRK  CITY  STATE  Depository, etc.  REGIONS BANK	

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

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5(g) c	or(h). <b>Joint Fundraisin</b>	g Participant:			
	1.		FEC ID nu	mber (	
	2.		FEC ID nu	mber (	
	3.		FEC ID nu	mber (	
	4.		FEC ID nu	mber (	
6.	•	Organization, Affiliated Committee, Joint Fun  D STATE VICTORY	draising Repres	entative,	or Leadership PAC Sponsor
	Mailing Address	PO BOX 60148	1 1 1 1 1		
		WASHINGTON	1 1	DC	20039
	Relationship:	CITY A	ST	ATE 🛦	ZIP CODE ▲
	Connected	d Organization Affiliated Committee	int Fundraising Re	presentativ	ve Leadership PAC Sponse
8.	Designated Agent: Identify	by name, address (phone number – optional)			
	Full Name				
	Mailing Address				
	TITLE OR POSITION	▼ CITY ▲	STA	ΓE ▲	ZIP CODE ▲
			Telephone Numb	er L	
	Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories in which intains funds.	h the committee	deposits	funds, holds accounts, rents
		Bridge Bank			
	Depository, etc.	Bridge Bank  1445A Laughlin Ave			
	Depository, etc.	1445A Laughlin Ave			
	Depository, etc.			VA	22101