

NOTIFICATION OF MULTICANDIDATE STATUS

(See reverse side for instructions)

This form should be filed after the Committee qualifies as a multicandidate committee.

1. (a) NAME OF COMMITTEE IN FULL NEVER SURRENDER, INC.		2. FEC IDENTIFICATION NUMBER C00828541
(b) Number and Street Address P.O. BOX 509		3. TYPE OF COMMITTEE (check one)
(c) City, State and ZIP Code ARLINGTON VA 22216		<input type="checkbox"/> STATE PARTY <input checked="" type="checkbox"/> OTHER

I certify that **one** of the following situations is correct (complete line 4 or 5):

4. STATUS BY AFFILIATION: The committee submitted its Statement of Organization (FEC FORM 1) on 11/12/2024 and simultaneously qualified as a multicandidate committee through its affiliation with:

Committee Name: SAVE AMERICA

FEC Identification Number: C00762591

5. STATUS BY QUALIFICATION:

(a) Candidates: The committee has made contributions to the five (5) federal candidates listed below (ONLY State party committees may leave this blank.):

	Name	Office Sought	State/District	Date
(i)				
(ii)				
(iii)				
(iv)				
(v)				

(b) Contributors: The committee received a contribution from its 51st contributor on: _____ .

(c) Registration: The committee has been registered for at least 6 months. FEC FORM1 was submitted on: _____ .

(d) Qualification: The committee met the above requirements on: _____ .

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 CRATE, BRADLEY, T., ,	SIGNATURE OF TREASURER CRATE, BRADLEY, T., ,	DATE 04/02/2026
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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.

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For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

FEC FORM 1M
(Revised 1/2001)