**FEC** 

Only

# STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. BRITT FOR ALABAMA INC PO BOX 3759 ADDRESS (number and street) (Check if address is changed) MONTGOMERY 36109 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address ASHLEY.NEWMAN@LIVE.COM is changed) Optional Second E-Mail Address JCM.GOP@GMAIL.COM COMMITTEE'S WEB PAGE ADDRESS (URL) WWW.KATIEBRITTFORSENATE.COM (Check if address is changed) DATE 2025 C00781443 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. Type or Print Name of Treasurer NEWMAN, ASHLEY, , , NEWMAN, ASHLEY, . . Date 05 12 2025 Signature of Treasurer 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. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

Form 1 (Revised 03/2022)	Page <b>2</b>
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) X 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 information below.)	e candidate
Name of Candidate BRITT, KATIE BOYD, , ,	
Candidate Party Affiliation  REP  Office Sought: House X Senate President	State AL  District 00
This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:  (d) This committee is a (National, State or subordinate) committee of the Republican	c, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:
Corporation Wa Copital Stock	)raanization
Corporation Corporation w/o Capital Stock Labor C  Membership Organization Trade Association Coopera	organization ative
In addition, this committee is a Lobbyist/Registrant PAC.	
This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	d 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.)	
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 PA	AC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
Committees Participating in Joint Fundraiser	
1 C	

I	FEC Form 1 (Revised 0	2/2009)	Page <b>3</b>
٧	Vrite or Type Committee Name	DAMA INC	
6.	BRITT FOR ALA	ganization, Affiliated Committee, Joint Fundraising Representative	e or Leadership PAC Sponsor
0.	•	ING WOMEN VICTORY COMMITTEE	, or Ecuacionip i Ac openior
	Mailing Address	228 S WASHINGTON ST	
		STE 115	
		ALEXANDRIA	22314
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization  Affiliated Organization  X Joint Fundraising Represen	
	neiationship. Connected	Jiganization Anniated Organization A John Fundraising Represent	Leadership FAC Sponso
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number optional) and position of the perso	on in possession of committee
	NITIA/MANI	L ACHIEV	
	Full Name	J. ASHLEY, , , ,	
	Mailing Address	PO BOX 3723	
	gg		
		1101770 01770	
		MONTGOMERY	36109
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	TREASURER	Telephone number	334 - 301 - 3401
8.		address (phone number optional) of the treasurer of the committee	e; and the name and address of
	any designated agent (e.g., a	ssistant treasurer).	
	Full Name NEWMAN, of Treasurer	J. ASHLEY, , ,	
	oi ileasulei	PO BOX 3723	
	Mailing Address		
		MONTGOMERY AL	36109
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	TREASURER	Telephone number	334 - 301 - 3401

FEC Form 1	(Revised 02/2009)			Page <b>4</b>
Full Name of Designated Agent Mailing Address	MACKINGER, JULIA, , ,  PO BOX 3723  MONTGOMERY	AL	36109	
	CITY A	STATE ▲		ZIP CODE ▲
Title or Position ▼	•			
ASSISTANT TRE	ASURER Telephone r	number 5	603	750 - 6254
Banks or Other safety deposit box	Depositories: List all banks or other depositories in which the commetes or maintains funds.	nittee deposits f	unds, hold	ls accounts, rents
Name of Bank, D	epository, etc.			
	SERVISFIRST BANK			
Mailing Address	ONE COMMERCE STREET			
	SUITE 200			
	MONTGOMERY	AL	36104	
	CITY ▲	STATE ▲		ZIP CODE ▲
Name of Bank, D	epository, etc.			
	CHAIN BRIDGE BANK			
Mailing Address	1445-A LAUGHLIN AVE			
	MCLEAN	Ŭ VA □	22201	
	CITY ▲	STATE ▲		ZIP CODE ▲

### : 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: F1A Transaction ID:

Please note this report is being amended in response to the Request for Additional information dated April 7 2024 to disclose Britt Senate Victory as an authorized joint fundraising committee of the committee.

Form/Schedule: Transaction ID:

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1. <u> </u>		g Participant:				
2				FEC ID	number	С
				FEC ID	number	C
3.				FEC ID	number	C
4.				   FEC ID	number	C
	-	_	ted Committee, Joint NOMINEE FUND 20		esentative	, or Leadership PAC Spons
Ма	ailing Address	PO BOX 9891				
		ARLINGTON			∟ VA ∟ ⊥	22219
Re	lationship:		CITY A		STATE A	ZIP CODE ▲
Full 1	Name					
Mailir	ng Address					
		1				
TITL	LE OR POSITION	<b>▼</b>	CITY A	S	TATE A	ZIP CODE ▲

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h). <b>Joint Fundraisi</b>	•		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
CORNYN VICTORY	Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spons
Mailing Address	PO BOX 13026		
	AUSTIN	TX	78711
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Affiliated Committee X	loint Fundraising Represent	ative Leadership PAC Sp
			ative Leadership PAC Sp
esignated Agent: Identi			ative Leadership PAC Sp
esignated Agent: Identi			ative Leadership PAC Sp
esignated Agent: Identi			ative Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional		ative Leadership PAC Sp
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	city by name, address (phone number – optional states of the control of the contr	STATE A  Telephone Number	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank,	city by name, address (phone number – optional states of the control of the contr	STATE A  Telephone Number	ZIP CODE A  ts funds, holds accounts, rent
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional CITY A  CITY A  pries: List all banks or other depositories in whaintains funds.	STATE  Telephone Number  ich the committee deposit	ZIP CODE A  ts funds, holds accounts, rent

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1.			FEC ID num	ber C	
2.			FEC ID num	ber C	
3.			FEC ID num	ber C	
4.			FEC ID num	ber C	
lame of Any Connec	ted Organization, Aff	iliated Committee, Joint	Fundraising Represer	ntative, o	r Leadership PAC Spons
2023 SENATORS	CLASSIC COMMI	TTEE			
Mailing Address	228 S. WASHIN	NGTON STREET			
	SUITE 115				
				'A	22314
	ALEXANDRIA				
	ected Organization	CITY A  Affiliated Committee	Joint Fundraising Repr	TE ▲ resentative	ZIP CODE ▲ Leadership PAC Sp
Conne	ected Organization	Affiliated Committee	Joint Fundraising Repr		
Conne	ected Organization	Affiliated Committee	Joint Fundraising Repr		
esignated Agent: Ide	ected Organization	Affiliated Committee	Joint Fundraising Repr		
esignated Agent: Ide	ected Organization	Affiliated Committee	Joint Fundraising Repr		
esignated Agent: Ide Full Name Mailing Address	ected Organization  Intify by name, addres	Affiliated Committee	Joint Fundraising Repr	resentative	
esignated Agent: Ide	ected Organization  Intify by name, addres	Affiliated Committee	Joint Fundraising Reprinal)	resentative	Leadership PAC Sp

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h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
-	Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spon
BRITT SENATE VIC	TORY 		
Mailing Address	250 COMMERCE STREET		
	3RD FLOOR SUITE 6		
	MONTGOMERY	AL	36104
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte		int Fundraising Representa	ative Leadership PAC Sp
Connecte	ed Organization Affiliated Committee X Jo	int Fundraising Representa	ative Leadership PAC Sp
Connecte	ed Organization Affiliated Committee X Jo	int Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	ed Organization Affiliated Committee X Jo	int Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	ed Organization Affiliated Committee X Jo	int Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi  Full Name  Mailing Address	Affiliated Committee X Jo  fy by name, address (phone number – optional)	int Fundraising Representation	Leadership PAC Sp
esignated Agent: Identi	Affiliated Committee X Jo  fy by name, address (phone number – optional)  CITY		
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION	Affiliated Committee X Jo  fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management and	Affiliated Committee X Jo  fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which aintains funds.	STATE A  Telephone Number	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	Affiliated Committee X Jo  fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which aintains funds.	STATE A  Telephone Number	ZIP CODE A