

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (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)

81a 1st street

(Check if address is changed)

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

MM / DD / YYYY
02 / 10 / 2026

3. FEC IDENTIFICATION NUMBER ▶

C C00846295

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

MM / DD / YYYY
02 / 10 / 2026

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 Use Only				
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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC 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-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

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. _____

2. _____

3. _____

4. _____

FEC ID number C _____

FEC ID number C _____

FEC ID number C _____

FEC ID number C _____

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 Crockett, Jasmine, Felicia, , _____

Mailing Address 1825 Market Center Blvd Suite 440 _____

Dallas TX 75207 _____

TITLE OR POSITION ▼ CONGRESSWOMAN-LAWYER _____

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. Money Lion _____

Mailing Address 30 West 21st Street, 9th Floor _____

Rockerfeller Plaza _____

New York NY 10112 _____

CITY ▲ STATE ▲ ZIP CODE ▲

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

1.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
2.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
3.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
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Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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Full Name

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

TITLE OR POSITION ▼ Telephone Number

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8. **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 _____
 _____ CITY ▲ STATE ▲ ZIP CODE ▲
 TITLE OR POSITION ▼ 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.

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 Mailing Address _____

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