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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. Scott Bradford for President LLC 25107 Overlord Ter ADDRESS (number and street) (Check if address is changed) Chantilly 20152 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS admin@votescottbradford.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) https://www.votescottbradford.com/ (Check if address is changed) DATE 2019 C00699330 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. Bradford, Scott, , , Type or Print Name of Treasurer Bradford, Scott, , , [Electronically Filed] 03 16 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

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	Form 1 (Revised 02/2009)	Page 2
	COMMITTEE te 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. (Cor information below.)	nplete the candidate
Name of Candidate	Bradford, Scott, , ,	<u> </u>
Candidate Party Affili	ation IND Office Sought: House Senate X President	State District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co	ommittee:	(5)
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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 s committee. (i.e., nonconnected committee)	egregated 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 Fu	ndraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate	
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Co	mmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

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Write or Type Committee Na	me	
Scott Bradford	I for President LLC	
6. Name of Any Connected	d Organization, Affiliated Committee, Joint Fundraising Representative	ve, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee Joint Fundraising Represe	ntative Leadership PAC Sponsor
Custodian of Records: lo books and records.	dentify by name, address (phone number optional) and position of the	e person in possession of committee
Bradfor Full Name	d, Scott, , ,	
	25107 Overlord Ter	
Mailing Address		
	Chantilly	20152
Title or Position	CITY STATE	ZIP CODE
Candidate	Telephone number	703 - 969 - 5415
B. Treasurer: List the name any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee., assistant treasurer).	ee; and the name and address of
Full Name Bradford of Treasurer	d, Scott, , ,	
Mailing Address	25107 Overlord Ter	
	Chantilly VA	20152
Title or Position	CITY STATE	ZIP CODE
Candidate	Telephone number	703 969 5415

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Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
Name of Bank, Dep	SunTrust Bank 1575 Lemon Farris Dr. Cookeville TN 38506	
Name of Bank, Dep	SunTrust Bank 1575 Lemon Farris Dr.	ZIP CODE
Name of Bank, Dep	SunTrust Bank 1575 Lemon Farris Dr. Cookeville CITY STATE	ZIP CODE
Name of Bank, Dep	pository, etc. SunTrust Bank 1575 Lemon Farris Dr. Cookeville TN 38506 CITY STATE pository, etc. PayPal 2211 N. First St.	ZIP CODE
Name of Bank, Dep	SunTrust Bank 1575 Lemon Farris Dr. Cookeville CITY STATE PayPal	ZIP CODE