

FEC FORM 1

STATEMENT OF ORGANIZATION

SECRETARY OF THE SENATE

17 AUG -9 PM 1:50

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

Topher Brennan for Senate

ADDRESS (number and street)

1208 Manzano Way

(Check if address is changed)

Sunnyvale

CITY

CA

STATE

94089

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

tozybrennan@gmail.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

topherbrennan.com

2. DATE

08 / 05 / 2017

3. FEC IDENTIFICATION NUMBER

C 00640631

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 Ozy Brennan

Signature of Treasurer

Date

08 / 05 / 2017

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

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

FEC FORM 1 (Revised 06/2012)

201708090200245982

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 Christopher Brennan

Candidate Party Affiliation DEM Office Sought: House Senate President State CA 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 _____ (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 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.)

Joint Fundraising Representative:

- (g) 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.
- (h) 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. _____ FEC ID number
2. _____ FEC ID number
3. _____ FEC ID number
4. _____ FEC ID number

201706090200243963

Write or Type Committee Name

Topher Brennan for Senate

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[Empty grid for organization name]

[Empty grid for organization name]

Mailing Address

[Empty grid for mailing address]

[Empty grid for mailing address]

[Empty grid for mailing address]

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee 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

[Empty grid for full name]

Mailing Address

[Empty grid for mailing address]

[Empty grid for mailing address]

[Empty grid for mailing address]

Title or Position

CITY

STATE

ZIP CODE

[Empty grid for title or position]

Telephone number

[Empty grid for telephone number]

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

Brenna, Ozy Rose

Mailing Address

1208 Manzano Way

[Empty grid for mailing address]

Sunnyvale

CITY

CA

STATE

94089

ZIP CODE

Title or Position

[Empty grid for title or position]

Telephone number

920 - 379 - 6454

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Full Name of Designated Agent

Brennan, Christopher Thomas

Mailing Address

1208 Manzano Way

Sunnyvale CA 94089

CITY

STATE

ZIP CODE

Title or Position

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.

Chase Bank

Mailing Address

420 S Mathilda Avenue

Sunnyvale CA 94086

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

201708090200245965

1208 Manzana Way
Sunnyvale CA, 94089

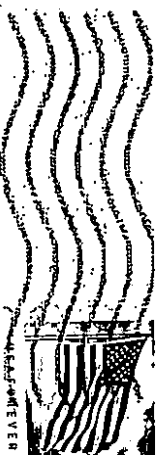
Insured by USPS
Post Office
AUG 09 2013

20013-847878

CLARKLAND CA 945
05 AUG 2013 PM 8 L



Office of Public Records
P.O. Box 77578
Washington D.C. 20013-7578



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United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL **08/09/17**
Date of Receipt

08/05/17
Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

POSTMARK ILLEGIBLE

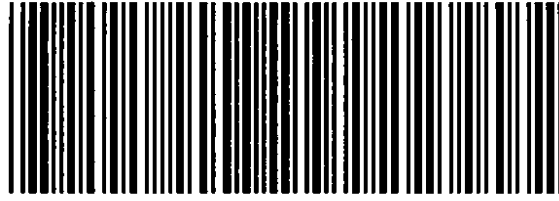
NO POSTMARK

FAX _____
Date of Receipt

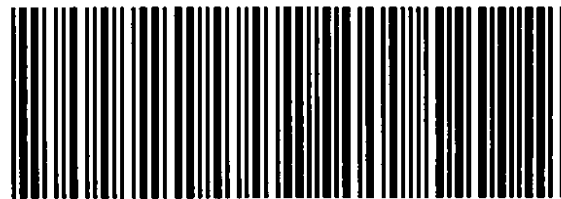
OTHER _____
Date of Receipt or Postmark

PREPARER **MH** DATE PREPARED **08/09/17**

201708090200245967



SEN PATCH



SEN PATCH

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