PAGE 1/4 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Brad Winslow for President Campaign Committee 3151 Cochise Way #34 ADDRESS (number and street) (Check if address is changed) Fullerton 92833 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS 2016@bradwinslow.com (Check if address is changed) Optional Second E-Mail Address tech@bradwinslow.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.bradwinslow.com (Check if address is changed) DATE 2015 C00579276 FEC IDENTIFICATION NUMBER 3. 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. **Tamara Winslow** Type or Print Name of Treasurer Tamara Winslow [Electronically Filed] 06 10 2015 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. FEC FORM 1 (Revised 06/2012)

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

	FEC Fo	rm 1 (Revised 02/2009) Page 2
		OMMITTEE
Car	ndidate	e 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 candidate information below.)
Nam Cand	e of didate	Mr. Brad Winslow
	didate y Affiliati	Office State On DEM Sought: House Senate X President
rarry	y 7 tilliati	District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
Nam Cand	e of didate	
Par	ty Con	nmittee:
(d)		This committee is a (National, State (Democratic, Republican, etc.) Party.
Poli	itical A	ction 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.)
Join	t Fund	raising 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.
	Com	mittees Participating in Joint Fundraiser
	Com	
	1.	FEC ID number
	2.	FEC ID number
	3.	FEC ID number C
	4.	

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٧	Vrite or Type Committee Name	9	
	Brad Winslow f	or President Campaign Committee	
6.	Name of Any Connected (Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	rship PAC Sponsor
N	IONE		
_ 			
	Mailing Address		
	Maining Address		
			. _
		CITY STATE	ZIP CODE
	Relationship: Connecte	d Organization Affiliated Committee Joint Fundraising Representative L	eadership PAC Sponsor
	Custodian of Records: Idea books and records.	ntify by name, address (phone number optional) and position of the person in p	ossession of committee
	Tamara W	/inslow	1
	Full Name	₁ 3151 Cochise Way #34	
	Mailing Address		
		Fullerton , CA , 92833	
	Title or Position	CITY STATE	ZIP CODE
		Telephone number	
3.	Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; and the rassistant treasurer).	name and address of
	Full Name Tamara W of Treasurer	inslow	
	Mailing Address	3151 Cochise Way #34	
		Fullerton CA 92833	
	Title or Position	CITY STATE	ZIP CODE
	The of Toshion	Telephone number =	

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Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
safety deposit boxes Name of Bank, Depo	ository, etc.	olds accounts, rents
safety deposit boxes Name of Bank, Depo	s or maintains funds.	olds accounts, rents
safety deposit boxes Name of Bank, Depo	or maintains funds. Pository, etc. Vells Fargo	olds accounts, rents
safety deposit boxes Name of Bank, Depo	or maintains funds. Pository, etc. Vells Fargo	
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safety deposit boxes Name of Bank, Depo	Sor maintains funds. Pository, etc. Vells Fargo 1899 W. Malvern Ave. Fullerton CITY STATE	
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Safety deposit boxes Name of Bank, Depo	Sor maintains funds. Pository, etc. Vells Fargo 1899 W. Malvern Ave. Fullerton CITY STATE	