

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED SECRETARY OF THE SENATE PUBLIC RECORDS

13 FEB 2013 PM 2:51

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

GABRIEL GOMEZ VICTORY FUND 2013

ADDRESS (number and street) C/O RED CURVE SOLUTIONS 138 CONANT STREET, FIRST FLOOR BEVERLY MA 01915 CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Check if address is changed) GABRIELGOMEZVICTORY@REDCURVE.COM Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed)

2. DATE 05 / 07 / 2013

3. FEC IDENTIFICATION NUMBER C

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 KEITH A. DAVIS

Signature of Treasurer KEITH A. DAVIS [Handwritten Signature]

Date 05 / 07 / 2013

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.

Table with 5 columns: Office Use Only, and four empty boxes.

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

FEC FORM 1 (Revised 06/2012)

13020241016

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  (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.	GABRIEL GOMEZ FOR SENATE	FEC ID number	C C00541540
2.	NATIONAL REPUBLICAN SENATORIAL COMMITTEE	FEC ID number	C C00027466
3.	_____	FEC ID number	C _____
4.	_____	FEC ID number	C _____

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Write or Type Committee Name

# GABRIEL GOMEZ VICTORY FUND 2013

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

NONE

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 BRADLEY T. CRATE

Mailing Address RED CURVE SOLUTIONS

138 CONANT STREET, FIRST FLOOR

BEVERLY MA 01915

Title or Position CITY STATE ZIP CODE

ASSISTANT TREASURER Telephone number 617 - 231 - 4350

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 KEITH A. DAVIS

Mailing Address 228 S. WASHINGTON STREET

SUITE 115

ALEXANDRIA VA 22314

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 703 - 549 - 7705

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Full Name of Designated Agent BRADLEY T. CRATE

Mailing Address RED CURVE SOLUTIONS
138 CONANT STREET, FIRST FLOOR
BEVERLY MA 01915
CITY STATE ZIP CODE

Title or Position ASSISTANT TREASURER Telephone number 617 - 231 - 4350

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.

CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVENUE
MCLEAN VA 22314
CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

13020241019

INSPECTION

United States Senate  
Post Office

INSPECTION

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Post Office

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# United States Senate

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Date of Receipt

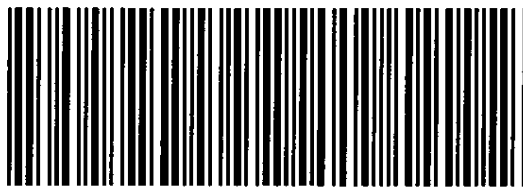
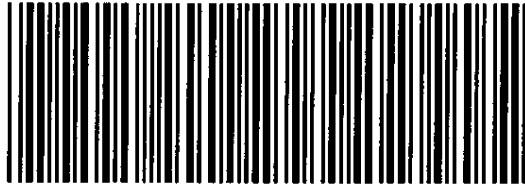
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