Only

PAGE 1 / 12 ·

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. PERDUE FOR SENATE PO BOX 12077 ADDRESS (number and street) (Check if address is changed) ATLANTA 30355-2077 GA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS PERDUE@REDCURVE.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.perduesenate.com (Check if address is changed) DATE 2020 C00547570 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. CRATE, BRADLEY, T., MR., Type or Print Name of Treasurer CRATE, BRADLEY, T., MR., [Electronically Filed] 04 2020 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 Use

Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

(Revised 06/2012)

_			- 0
		rm 1 (Revised 02/2009)	Page 2
		OMMITTEE • 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. (Corinformation below.)	nplete the candidate
Name Candi		PERDUE, DAVID, , MR.,	1
Candi Party	idate Affiliati	on REP Office Sought: House X Senate President	State GA District 00
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candi			
Part	y Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Polit	ical A	ction 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	Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC Form 1 (Revised 0	02/2009)	Page 3
Write or Type Committee Name		
PERDUE FOR	SENATE	
6. Name of Any Connected O	Organization, Affiliated Committee, Joint Fundraising Representative, or L	eadership PAC Sponsor
PERDUE VICTORY IN	ıc	
Mailing Address	PO BOX 12077	
	ATLANTA GA 3	0355
	CITY STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records: Identification books and records.	tify by name, address (phone number optional) and position of the persor	n in possession of committee
	RADLEY, T., MR.,	1
Full Name	C/O RED CURVE SOLUTIONS	
Mailing Address	138 CONANT STREET, 2ND FLOOR	
	BEVERLY MA 0	01915
Title or Position	CITY STATE	ZIP CODE
TREASURER	Telephone number 617	6800
Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and issistant treasurer).	the name and address of
Full Name CRATE, BR	RADLEY, T., MR.,	
Mailing Address	C/O RED CURVE SOLUTIONS	
	138 CONANT STREET, 2ND FLOOR	
	BEVERLY MA 0	ZIP CODE
Title or Position TREASURER	617 Telephone number	_ 303 _ 6800

	n 1 (Revised 02/2009)	Page 4
Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
Name of Bank, [Depository, etc.	
-		
Name of Bank, [Depository, etc. CHAIN BRIDGE BANK, N.A.	
Name of Bank, [Depository, etc. CHAIN BRIDGE BANK, N.A.	
Name of Bank, [CHAIN BRIDGE BANK, N.A. 1445-A LAUGHLIN AVE MCLEAN VA 22101	ZIP CODE
Name of Bank, [CHAIN BRIDGE BANK, N.A. 1445-A LAUGHLIN AVE MCLEAN CITY STATE	ZIP CODE
Name of Bank, [CHAIN BRIDGE BANK, N.A. 1445-A LAUGHLIN AVE MCLEAN CITY STATE	ZIP CODE
Name of Bank, [CHAIN BRIDGE BANK, N.A. 1445-A LAUGHLIN AVE MCLEAN CITY STATE Depository, etc.	ZIP CODE
Name of Bank, [CHAIN BRIDGE BANK, N.A. 1445-A LAUGHLIN AVE MCLEAN CITY STATE Depository, etc.	ZIP CODE
Name of Bank, [CHAIN BRIDGE BANK, N.A. 1445-A LAUGHLIN AVE MCLEAN CITY STATE Depository, etc. SUNTRUST BANK P.O. BOX 4418	ZIP CODE
Name of Bank, [CHAIN BRIDGE BANK, N.A. 1445-A LAUGHLIN AVE MCLEAN CITY STATE Depository, etc.	ZIP CODE

FEC Form 1S (Revised 02/2017)

Page _____ **of** ______

h). Joint Fundraisir 1		FEC ID number	C
2			
3.		FEC ID number	С
		FEC ID number	C
4.		FEC ID number	C
	Organization, Affiliated Committee, Joint Fundral	ising Representative	e, or Leadership PAC Spons
TEAM PERDUE			<u> </u>
	C/O RED CURVE SOLUTIONS		
Mailing Address			
	138 CONANT STREET, 2ND FLOOR		
	BEVERLY	MA	01915
	_ [_		
Relationship:	CITY A	STATE ▲ Fundraising Representa	ZIP CODE ▲ ative Leadership PAC Spo
Connecte	CITY A		
Connecte esignated Agent: Identif	CITY ▲ d Organization Affiliated Committee ✓ Joint F		
esignated Agent: Identif	CITY ▲ d Organization Affiliated Committee ✓ Joint F		
esignated Agent: Identif	CITY d Organization Affiliated Committee y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Spo
esignated Agent: Identif Full Name Mailing Address	CITY CITY d Organization	Fundraising Representa	
esignated Agent: Identif	CITY d Organization Affiliated Committee y by name, address (phone number – optional) CITY CITY CITY	Fundraising Representa	Leadership PAC Spo

FEC Form 1S (Revised 02/2017)

Page _6_ **of** _12__

or(h). Joint Fundrais	ing Participant:		
1		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4		FEC ID number	C
Name of Any Connected DEFEND THE S	d Organization, Affiliated Committee, Joint Fundi	raising Representative	e, or Leadership PAC Sponsor
DEFEND THE 3			
Mailing Address	228 S WASHINGTON STREET SUITE 115		
	ALEXANDRIA	VA VA	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connect	ed Organization Affiliated Committee	t Fundraising Representa	Leadership PAC Spons
Full Name	ify by name, address (phone number – optional)		
	ify by name, address (phone number – optional)		
Full Name	ify by name, address (phone number – optional)		
Full Name	CITY	STATE A	ZIP CODE A
Full Name	CITY A		ZIP CODE A
Full Name Mailing Address TITLE OR POSITIO	CITY A Cories: List all banks or other depositories in which	STATE elephone Number	
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit safety deposit boxes or management of Bank, Depository, etc.	CITY A Cories: List all banks or other depositories in which	STATE elephone Number	
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit safety deposit boxes or management of Bank, Depository, etc.	CITY A Cories: List all banks or other depositories in which	STATE elephone Number	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** ______

	1	1 - 1 . 1	1 1 1
Mailing Address			
Name of Bank, Depository, etc.			
Banks or Other Deposito safety deposit boxes or ma	ories: List all banks or other depositories in whice aintains funds.	th the committee deposit	s funds, holds accounts, rents
Daniles on Other D		h Aba ang water	a founda halde e e e
		Telephone Number	
TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
Mailing Address			
Full Name			
Designated Agent: Identif	y by name, address (phone number – optional)		
Connecte	d Organization Affiliated Committee	int Fundraising Representa	ative Leadership PAC Spo
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	WASHINGTON	DC	20027
maining Addiess			
Mailing Address	PO BOX 3986	1 1 1 1 1 1 1 1	
	Organization, Affiliated Committee, Joint Fun JE VICTORY FUND	draising Representative	e, or Leadership PAC Sponso
4.		. LO ID Humbel	
3.		FEC ID number	C
2.		FEC ID number	C
		550 ID I	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** ______

h). Joint Fundraisi	ig i ai deipailt.		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e. or Leadership PAC Spon
THE VICTORY C			
Mailing Address	PO BOX 60148		
	WASHINGTON	DC	20039
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		t Fundraising Representa	ative Leadership PAC Sp
Connecte		t Fundraising Representa	ative Leadership PAC Sp
Connecte	ed Organization Affiliated Committee	t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identification	ed Organization Affiliated Committee	t Fundraising Representa	Leadership PAC Sp
Connecte esignated Agent: Identif	ed Organization Affiliated Committee	t Fundraising Representa	Leadership PAC Sp
Connecte esignated Agent: Identif	Affiliated Committee Joint Ty by name, address (phone number – optional)	t Fundraising Representation	Leadership PAC Sp
esignated Agent: Identification Full Name Mailing Address	Affiliated Committee y Joint y by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	Affiliated Committee y Joint fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	Affiliated Committee y Joint fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
connected esignated Agent: Identification of the position of t	Affiliated Committee y Joint fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
GEORGIA TRUM	1P VICTORY		
AA-Traa Aalaa	C/O RED CURVE SOLUTIONS		
Mailing Address	138 CONANT STREET, 2ND FL		
			01015
	BEVERLY	MA MA	01915
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee Join y by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identii Full Name Mailing Address	by by name, address (phone number – optional)	t Fundraising Represent	
esignated Agent: Identif	by by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name	by by name, address (phone number – optional) CITY T	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	cy by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or m	cy by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	cy by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	cy by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	cy by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite affety deposit boxes or mame of Bank, epository, etc.	cy by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** _____

1	ng Participant:	FEC ID number	C
1.			
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	l Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spon
	E VICTORY FUND		
Mailing Address	PO BOX 60148		
Mailing Address			
	WASHINGTON	DC	20039
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee X Joint	Fundraising Representa	ative Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional)		Leadership I AC S
			Leadership TAC S
esignated Agent: Identi			Leadership TAC S
esignated Agent: Identi			Leadership TAC S
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional) CITY	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mailing and ma	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Page ____ **of** _____

1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4		FEC ID number	С
=	Organization, Affiliated Committee, Joint Fundra IA BATTLEGROUND FUND	aising Representative	e, or Leadership PAC Spon
Mailing Address	PO BOX 60148		
	WASHINGTON	DC	20039
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		Fundraising Representa	ative Leadership PAC S
Connected		Fundraising Represent	ative Leadership PAC S
Connected esignated Agent: Identify	Affiliated Committee X Joint	Fundraising Represent	Leadership PAC S
esignated Agent: Identify Full Name	Affiliated Committee X Joint	Fundraising Represent	ative Leadership PAC S
Connected esignated Agent: Identify Full Name	Affiliated Committee X Joint	Fundraising Represent	Leadership PAC S
esignated Agent: Identify Full Name Mailing Address	Affiliated Committee Joint by name, address (phone number – optional)	Fundraising Represent	Leadership PAC S
Connected esignated Agent: Identify Full Name	Affiliated Committee Affiliated Committee by name, address (phone number – optional) CITY		
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION	Affiliated Committee y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor	Affiliated Committee y by name, address (phone number – optional) CITY CITY Terries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail ame of Bank,	Affiliated Committee y by name, address (phone number – optional) CITY CITY Terries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or matame of Bank, epository, etc.	Affiliated Committee y by name, address (phone number – optional) CITY CITY Terries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION	Affiliated Committee y by name, address (phone number – optional) CITY CITY Terries: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017) for Lines 5(g) or (h), 6, 8

Page ____ **of** _____

h). Joint Fundraisi	ig raiticipant.		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fundi	raising Representative	e, or Leadership PAC Spon
GRAHAM-PERD	UE VICTORY FUND		
Mailing Address	PO BOX 60148		
	WASHINGTON	DC	20039
Relationship:	CITY A	STATE A	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee	t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	Affiliated Committee Joint Joint fy by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	t Fundraising Represent	
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of Bank,	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of Bank,	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A