FEC

Only

STATEMENT OF

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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 2021 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] 02 16 2021 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

Local 202-694-1100

_			- 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.		

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Write or Type Committee Name		
PERDUE FOR	SENATE	
6. Name of Any Connected O	Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	rship PAC Sponsor
PERDUE VICTORY IN	1C	
	PO BOX 12077	
Mailing Address		
	ATLANTA GA 30355	
	CITY STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee X Joint Fundraising Representative L	eadership PAC Sponsor
Custodian of Records: Iden books and records.	ntify by name, address (phone number optional) and position of the person in position	ossession of committee
Full Name	RADLEY, T., MR., C/O RED CURVE SOLUTIONS	
Mailing Address	138 CONANT STREET, 2ND FLOOR	
	BEVERLY MA 01915	
Title or Position	CITY STATE	ZIP CODE
TREASURER		303 6800
Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the rassistant treasurer).	name and address of
Full Name CRATE, BF of Treasurer	RADLEY, T., MR.,	
Mailing Address	C/O RED CURVE SOLUTIONS	
	138 CONANT STREET, 2ND FLOOR	
	BEVERLY MA 01915	
Title or Position TREASURER	CITY STATE	ZIP CODE 303 6800
<u> </u>	Telephone number	

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Full Name of Designated		
Agent		
Mailing Addres	s	
	CITY STATE	ZIP CODE
Title or Position	n	
	Telephone number	
safety deposit	er Depositories: List all banks or other depositories in which the committee deposits funds, ho boxes or maintains funds. , Depository, etc.	
safety deposit	boxes or maintains funds. Depository, etc. CHAIN BRIDGE BANK, N.A. 1445-A LAUGHLIN AVE	
safety deposit Name of Bank	boxes or maintains funds. Depository, etc. CHAIN BRIDGE BANK, N.A. 1445-A LAUGHLIN AVE	
safety deposit Name of Bank	boxes or maintains funds. Depository, etc. CHAIN BRIDGE BANK, N.A. 1445-A LAUGHLIN AVE	
safety deposit Name of Bank	boxes or maintains funds. Depository, etc. CHAIN BRIDGE BANK, N.A. 1445-A LAUGHLIN AVE	ZIP CODE
safety deposit Name of Bank Mailing Addres	boxes or maintains funds. Depository, etc. CHAIN BRIDGE BANK, N.A. 1445-A LAUGHLIN AVE SS MCLEAN VA 22101	
safety deposit Name of Bank Mailing Addres	boxes or maintains funds. Depository, etc. CHAIN BRIDGE BANK, N.A. 1445-A LAUGHLIN AVE SS MCLEAN CITY STATE	
safety deposit Name of Bank Mailing Addres	boxes or maintains funds. Depository, etc. CHAIN BRIDGE BANK, N.A. 1445-A LAUGHLIN AVE MCLEAN CITY STATE P.O. BOX 4418	
safety deposit Name of Bank Mailing Addres Name of Bank	boxes or maintains funds. Depository, etc. CHAIN BRIDGE BANK, N.A. 1445-A LAUGHLIN AVE MCLEAN CITY STATE P.O. BOX 4418	ZIP CODE

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

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5(g)	or(h). Joint Fundraisin	g Participant:		
	1		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	С
6.	Name of Any Connected .TEAM PERDUE	Organization, Affiliated Committee, Joint Fundr	aising Representative	, or Leadership PAC Sponsor
	Mailing Address	C/O RED CURVE SOLUTIONS		
		138 CONANT STREET, 2ND FLOOR		
		BEVERLY	MA	01915
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	d Organization Affiliated Committee	Fundraising Representa	tive Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number – optional)		
	Full Name			
	Mailing Address			
		1		
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
	TITLE OR POSITION	•	STATE A	ZIP CODE 🛦
9.	Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories in which	elephone Number	
9.	Banks or Other Depositor safety deposit boxes or many Name of Bank, Depository, etc.	ries: List all banks or other depositories in which aintains funds.	elephone Number	
9.	Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories in which aintains funds. OF NORTH GEORGIA	elephone Number	
9.	Banks or Other Depositor safety deposit boxes or many Name of Bank, Depository, etc.	ries: List all banks or other depositories in which aintains funds. OF NORTH GEORGIA	elephone Number	

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

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g) or (h). Joint Fundraisir	ig Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
Name of Any Connected GEORGIA TRUM	Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
Mailing Address	C/O RED CURVE SOLUTIONS 138 CONANT STREET, 2ND FL		
	BEVERLY	MA	01915
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee	Fundraising Representa	Leadership PAC Sponso
Designated Agent: Identif	y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Sponso
Designated Agent: Identif		Fundraising Representa	Leadership PAC Sponso
Designated Agent: Identif	y by name, address (phone number – optional)		
Designated Agent: Identif	y by name, address (phone number – optional)		Leadership PAC Sponso
Designated Agent: Identif	y by name, address (phone number – optional) CITY		
Designated Agent: Identification Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY CITY Teleprises: List all banks or other depositories in which the aintains funds.	STATE A ephone Number	ZIP CODE A
Designated Agent: Identification Full Name	y by name, address (phone number – optional) CITY CITY Tele pries: List all banks or other depositories in which the aintains funds.	STATE A ephone Number	ZIP CODE A

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

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•					
Mailing Address		<u> </u>	<u> </u>		<u> </u>
ame of Bank, epository, etc.					
anks or Other Depositor		r other depositories in wh	nich the committee	deposits fu	nds, holds accounts, rent
			Telephone Numb	er L	
TITLE OR POSITION	▼	JII A			ZIF CODE A
		CITY A		 ΓE ▲	ZIP CODE ▲
			1 1		1 1 1
ag / taa1030					
Mailing Address				1 1 1	
esignated Agent: Identify	/ by name, address ((phone number – optiona)	1 1 1	
Connected	d Organization A	Affiliated Committee	Joint Fundraising Re	presentative	Leadership PAC Sp
Relationship:		CITY A	ST	ATE A	ZIP CODE ▲
	WASHINGTON	<u> </u>		DC	20039
Mailing Address	PO BOX 60148				
ame of Any Connected			ındraising Repres	entative, o	r Leadership PAC Spons
4.			FEG ID III	Illibei C	1
3.			FEC ID no		
			FEC ID no		
			J		
1			FEC ID nu	mber C	

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

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h). Joint Fundrais i	ng Participant:			
1.		FEC ID	number	C
2.		FEC ID 1	number	C
3.		FEC ID 1	number	C
4.		FEC ID 1	number	C
	d Organization, Affiliated Committee, Joi	nt Fundraising Repre	sentative,	or Leadership PAC Spon
THE FOUNDERS	S COMMITTEE		1 1 1 1	
<u> </u>				
	4205 W 44TH ST			
Mailing Address	1305 W 11TH ST			
	#213 			
	HOUSTON		TX	77008
Relationship:	CITY A		STATE A	ZIP CODE ▲
Connects	ad Organization Affiliated Committee	X .loint Fundraising F	Renresentati	ve Leadershin PAC S
	ed Organization Affiliated Committee fy by name, address (phone number – op	Joint Fundraising F	Representati	ve Leadership PAC S
			Representati	ve Leadership PAC S
esignated Agent: Identi			Representati	ve Leadership PAC S
esignated Agent: Identi			Representati	ve Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – op		Representati	ve Leadership PAC S
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – op	tional)	Representati	
esignated Agent: Identi	fy by name, address (phone number – op	tional)	ATE A	
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or mame of Bank,	fy by name, address (phone number – op CITY ▲ Ories: List all banks or other depositories	tional) ST Telephone Nun	ATE Anber	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or mame of Bank,	fy by name, address (phone number – op CITY ▲ Ories: List all banks or other depositories	tional) ST Telephone Nun	ATE Anber	ZIP CODE A
esignated Agent: Identification 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 – op CITY ▲ Ories: List all banks or other depositories	tional) ST Telephone Nun	ATE Anber	ZIP CODE A
esignated Agent: Identification 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 – op CITY ▲ Ories: List all banks or other depositories	tional) ST Telephone Nun	ATE Anber	ZIP CODE A

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

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5(a)	or(h). Joint Fundraisin	g Participant:		
- (3)	1.	, , , , , , , , , , , , , , , , , , ,	FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
			FEC ID number	С
	4.		1 LO 15 Hambol	<u> </u>
6.	Name of Any Connected CRUZ SENATE V	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
	Mailing Address	PO BOX 341027		
		AUSTIN	, , TX	78734
	Relationship:	CITY 🛦	STATE ▲	ZIP CODE ▲
	Connected	d Organization	Fundraising Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number – optional)		
	Full Name			
	Mailing Address			
		1		1
	TITLE OF POOLTION	CITY ▲	STATE ▲	ZIP CODE ▲
	TITLE OR POSITION	1	lephone Number	
9.	Banks or Other Depositor safety deposit boxes or many Name of Bank, Depository, etc.	ries: List all banks or other depositories in which t intains funds.	the committee deposit	s funds, holds accounts, rents
	Mailing Address			