Image# 202010019284987049				10/01/2020 11.35
FEC FORM 1	STATEMEI ORGANIZ			PAGE 1 / 4 —
			(	Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
BYRON DONAL	DS VICTORY FL	JND		
ADDRESS (number and street)	2430 VANDERBILT BEACH	ROAD		
(Check if address is changed)	STE 108 PMB 260			
is changed)	NAPLES	· · · · · · · · · · · · · · · · · · ·	FL 34	108
			L L STATE ▲	
COMMITTEE'S E-MAIL ADDR	,CLIENT@REDCURVE	COM		
(Check if address is changed)				
	Optional Second E-Mail Ad			
	DPEPPE@REDCUF			
COMMITTEE'S WEB PAGE A (Check if address is changed)				
	01 / Y Y Y Y 2020			
3. FEC IDENTIFICATION 1		00760108		
4. IS THIS STATEMENT	× NEW (N) OR	AMENDED (A)		
				d an analat
i certity that I have examined	this Statement and to the best	oi my knowledge and belief i	i is true, correct an	u complete.
Type or Print Name of Treasu	rer CRATE, BRADLEY, T, ,			
Signature of Treasurer	ATE, BRADLEY, T, ,	[Electronically Filed]	Date	/ D D / Y Y Y Y 01 2020
NOTE: Submission of false, erro	neous, or incomplete information ANY CHANGE IN INFORMATI	may subject the person signing ON SHOULD BE REPORTED V		e penalties of 2 U.S.C. §437g
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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F	FEC Fo	rm 1 (Revised 02/2009)	Page <b>2</b>
		OMMITTEE	
Can	ndidate	Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below	<i>l</i> .)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)	mplete the candidate
Name Cand	e of didate		
	didate / Affiliati	on Office Sought: House Senate President	State
(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of didate		
Parl	ty Con	imittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	onnected organization is
		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)	segregated fund or part
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Func	raising Representative:	
(g)	×	This committee collects contributions, pays fundraising expenses and disburses net proceeds for 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 t committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	BYRON DONALDS FOR CONGRESS FEC ID number C C	0733329
	2.	PROVEN CONSERVATIVES PAC	0755728
	3.	REPUBLICAN PARTY OF FLORIDA FEC ID number C C0	0099259
	4.	NRCC	0075820

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Write or Type Committee Name

## BYRON DONALDS VICTORY FUND

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

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.

CRATE, B	RADLEY, T, ,		
Full Name			
	138 CONANT STREET 2ND FLOOR		
Mailing Address			
	1		1
	BEVERLY	MA 01915	
Title or Position	CITY	STATE	ZIP CODE
		Telephone number	303 - 6800

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	CRATE, BRADLEY, T, ,
of Treasurer	
Mailing Address	138 CONANT STREET 2ND FLOOR
	BEVERLY
	CITY STATE ZIP CODE
Title or Position TREASURER	Telephone number 617 303 6800

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Full Name of Designated Agent																				1			I		1			_
Mailing Address																												
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									CI	ΓY								ST/	λΤΕ				ZI	> C	OD	Ε		
Title or Position																												
													Tele	eph	ione	e ni	umt	ber			_							

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.

CHA		
Mailing Address	1445A LAUGHLIN AVE	
		VA 22101 – L
	CITY	STATE ZIP CODE
Name of Bank, Deposito	ry, etc.	
Mailing Address		
	CITY	STATE ZIP CODE