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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. ROMNEY FOR UTAH INC C/O RED CURVE SOLUTIONS ADDRESS (number and street) 138 CONANT STREET, SUITE 401 (Check if address is changed) **BEVERLY** 01915 MA CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS ROMNEY@REDCURVE.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) WWW.ROMNEYFORUTAH.COM (Check if address is changed) DATE 2023 C00670695 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,, Type or Print Name of Treasurer CRATE, BRADLEY, T,, [Electronically Filed] 07 2023 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use

Toll Free 800-424-9530 Only Local 202-694-1100

(Revised 06/2012)

E	EC Form 1 (Revised 03/2022)	Page 2
	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 information below.)	candidate
	Name of Candidate ROMNEY, WILLARD, MITT, MR,	
	Candidate Party Affiliation REP Sought: House Senate President	State UT  District 00
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District 00
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican, e	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 Org	ganization
	Membership Organization Trade Association Cooperation	ve
	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 committee. (i.e., nonconnected committee)	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.)	
	(g) This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC	<b>;</b> ).
	In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint Fundraising Representative:	
	(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Committees Participating in Joint Fundraiser	
	1C	

I	FEC Form 1 (Revis	sed 02/2009)		Page <b>3</b>
V	Vrite or Type Committee N			
	ROMNEY FO	OR UTAH INC		
6.		ed Organization, Affiliated Committee, Joint Fundraising Represe	entative, or L	eadership PAC Sponsor
	TEAM MITT			
	Mailing Address	C/O RED CURVE SOLUTIONS		
		138 CONANT STREET, SUITE 401		
		BEVERLY	MA L	01915
		CITY ▲ S	STATE A	ZIP CODE ▲
	Relationship: Conne	ected Organization Affiliated Organization Joint Fundraising R	Representative	Leadership PAC Sponso
7.	Custodian of Records: I books and records.	Identify by name, address (phone number optional) and position of the	the person in po	ossession of committee
	CRAT	E, BRADLEY, T, ,		
	Full Name			
	Mailing Address	C/O RED CURVE SOLUTIONS		
		138 CONANT STREET, SUITE 401		
		BEVERLY	MA L	01915
		CITY ▲ S	STATE <b>A</b>	ZIP CODE ▲
	Title or Position ▼			
	TREASURER	Telephone number	er 617	6800
8.	any designated agent (e	e and address (phone number optional) of the treasurer of the co.g., assistant treasurer).  E, BRADLEY, T, ,	ommittee; and	the name and address of
	Full Name CRAT of Treasurer	_,5,0,0,0,0,0,,,,		
	Mailing Address	C/O RED CURVE SOLUTIONS		
		138 CONANT STREET, SUITE 401		
		BEVERLY	MA C	01915
		CITY ▲ S	STATE A	ZIP CODE ▲
	Title or Position ▼			
	TREASURER	Telephone numbe	er 617	303 6800

FEC Form 1 (Re	evised 02/2009)	Page <b>4</b>
Full Name of Designated Agent		
Mailing Address		
Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
	Telephone number	
Banks or Other Dep safety deposit boxes	<b>positories:</b> List all banks or other depositories in which the committee deposits fund or maintains funds.	s, holds accounts, rents
Name of Bank, Depo	sitory, etc.	
ZI	ONS BANK	
Mailing Address	1 S. MAIN	
	SALT LAKE CITY UT	84133
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, Depo	sitory, etc.	
C	HAIN BRIDGE BANK	
Mailing Address	1445-A LAUGHLIN AVENUE	
-		
	MCLEAN VA   2	22101
	CITY ▲ STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

h). <b>Joint Fundraisi</b> r	I	FEC ID number	C
1.			
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
laws of Aur. Commented	Owner in the Affiliated Owner it as I high Founds	ololon Donnes ontolin	a ay laadayahin BAO Cu ay
	Organization, Affiliated Committee, Joint Fundral JOINT FUNDRAISING COMMITTE		e, or Leadership PAC Spons
Mailing Address	C/O RED CURVE SOLUTIONS		
_	138 CONANT STREET, SUITE 401		
	BEVERLY	MA	01915
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee Joint  y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Sp
		Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identify Full Name Mailing Address	y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)  CITY		
esignated Agent: Identify Full Name Mailing Address	y by name, address (phone number – optional)  CITY	STATE A	
esignated Agent: Identify Full Name Mailing Address  TITLE OR POSITION	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 afety deposit boxes or mail	y by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which a aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or mail	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 defety deposit boxes or mail ame of Bank, epository, etc	y by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which a aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or mailing and the position of Bank, JOHN	y by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which aintains funds.  MARSHALL BANK	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address  TITLE OR POSITION  anks or Other Depositor defety deposit boxes or mail ame of Bank, epository, etc	y by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which aintains funds.  MARSHALL BANK  1625 K STREET NW	STATE A	ZIP CODE A

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

FEC Form 1S (Revised 02/2017)

(h). <b>Joint Fundraisi</b> r	ig Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4		FEC ID number	C
	Organization, Affiliated Committee, Joint Fundr	• .	e, or Leadership PAC Spons
Mailing Address	C/O RED CURVE SOLUTIONS		
-	138 CONANT STREET, SUITE 401		
	BEVERLY	MA	01915
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee Joint Joint y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Sp
		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)	Fundraising Representation	Leadership PAC Sp
resignated Agent: Identif  Full Name  Mailing Address	y by name, address (phone number – optional)  CITY		
Full Name Mailing Address	y by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  Janks or Other Deposite afety deposit boxes or malame of Bank, depository, etc.	y by name, address (phone number – optional)  CITY   CITY   Telestries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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

5(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	C
2			FEC ID number	C
3.			FEC ID number	C
4.			FEC ID number	С
	-	rganization, Affiliated Committee, Joint Fundrai	ising Representative	e, or Leadership PAC Sponsor
M	ailing Address	228 S. WASHINGTON STREET SUITE 115		
		ALEXANDRIA	VA VA	22314
Re	elationship:	CITY A	STATE ▲	ZIP CODE ▲
Full	Name	oy name, address (phone number – optional)		
Full		oy name, address (phone number – optional)		
Full	Name	oy name, address (phone number – optional)		
Full Mail	Name	CITY	STATE A	ZIP CODE A
Full Mail	Name	CITY A		
Full Mail  TIT  Banks of safety d  Name of Depositor	Name In Ingland Address  TLE OR POSITION   Or Other Depositorie leposit boxes or main of Bank,	CITY  Tele	STATE ▲	ZIP CODE 🛦

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

FEC Form 1S (Revised 02/2017)

5(a)	or(h). <b>Joint Fundraisin</b>	g Participant:		
- (3)	1.	,	FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
			FEC ID number	C
	4.			
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
	CORNYN VICTOR			
	Mailing Address	PO BOX 13026		
		1		
		AUSTIN	TX	78711
	Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	Connected	Organization Affiliated Committee	Fundraising Representa	
			- unataloning Hopfoconia	
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
		CITY ▲	STATE ▲	ZIP CODE A
	TITLE OR POSITION	•		ZIF CODE A
		Te	lephone Number	
9.	Banks or Other Depositor safety deposit boxes or ma	ies: List all banks or other depositories in which tintains funds.	the committee deposit	s funds, holds accounts, rents
9.	safety deposit boxes or ma		the committee deposit	s funds, holds accounts, rents
9.			the committee deposit	s funds, holds accounts, rents
9.	safety deposit boxes or ma		the committee deposit	s funds, holds accounts, rents
9.	Name of Bank, Depository, etc.		the committee deposit	s funds, holds accounts, rents
9.	Name of Bank, Depository, etc.		the committee deposit	s funds, holds accounts, rents

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

FEC Form 1S (Revised 02/2017)

5(g) c	or(h). <b>Joint Fundraisin</b>	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	С
	3.		FEC ID number	C
	4		FEC ID number	C
6.	Name of Any Connected TEAM MCCONNE	Organization, Affiliated Committee, Joint Fundrai	ising Representative	e, or Leadership PAC Sponsor
	Mailing Address	228 S. WASHINGTON STREET		
		SUITE 115		
		ALEXANDRIA	VA	22314
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	Affiliated Committee X Joint F	Fundraising Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number – optional)		
	Full Name			
	Mailing Address			
	TITLE OR POSITION	CITY A	STATE A	ZIP CODE A
	TITLE OR POSITION	•		ZIP CODE ▲
	Banks or Other Depositor safety deposit boxes or ma	Tele	STATE ▲	
	Banks or Other Depositor safety deposit boxes or matching Mame of Bank, Depository, etc.	Tele	STATE ▲	
	Banks or Other Depositor safety deposit boxes or ma	Tele	STATE ▲	
	Banks or Other Depositor safety deposit boxes or matching Mame of Bank, Depository, etc.	Tele	STATE ▲	
	Banks or Other Depositor safety deposit boxes or matching Mame of Bank, Depository, etc.	Tele	STATE ▲	