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Only

STATEMENT OF

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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. MAVERICK PAC USA C/O RED CURVE SOLUTIONS ADDRESS (number and street) 138 CONANT STREET (Check if address is changed) **BEVERLY** 01915 MA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS MAVPAC@REDCURVE.NET (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.maverickpac.com (Check if address is changed) DATE 2014 C00427435 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. **BRADLEY CRATE** Type or Print Name of Treasurer BRADLEY CRATE [Electronically Filed] 03 12 2014 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

	FEC Fo i	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
(a)		This committee is a principal campaign committee. (Complete the candidate information below	<i>i.</i>)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Coinformation below.)	mplete the candidate
Nam Cand	e of didate		
	didate / Affiliation	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee: (National, State	(Democratic,
(d)		This committee is a or subordinate) committee of the	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 a:
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate scommittee. (i.e., nonconnected committee)	segregated 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.)	
Join	t Fund	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 committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number C	
	2.	FEC ID number	
	3.	FEC ID number C	
	4.	FEC ID number	

l		
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Write or Type Committee Nan	ie e	
MAVERICK PA	C USA	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	ship PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representative Le	adership PAC Sponso
Custodian of Records: Idea books and records.	entify by name, address (phone number optional) and position of the person in pos	ssession of committee
BRADLE Full Name	YCRATE	
Mailing Address	C/O RED CURVE SOLUTIONS	
-	138 CONANT STREET	
	BEVERLY MA 01915	
Title or Position	CITY STATE	ZIP CODE
Treasurer		848 8887
Treasurer: List the name a any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the na assistant treasurer).	ame and address of
Full Name BRADLE of Treasurer	CRATE	
Mailing Address	C/O RED CURVE SOLUTIONS	
	138 CONANT STREET	
	BEVERLY MA 01915	
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 617 - L	848 - 8887

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Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
	Depositories: List all banks or other depositories in which the committee deposits funds, hold sees or maintains funds. Pepository, etc.	
safety deposit box Name of Bank, D	yes or maintains funds. J.P. Morgan Private Bank 712 Main Street	
safety deposit box Name of Bank, D	yes or maintains funds. pepository, etc. J.P. Morgan Private Bank	
safety deposit box Name of Bank, D	yes or maintains funds. J.P. Morgan Private Bank 712 Main Street	
safety deposit box Name of Bank, D	yes or maintains funds. J.P. Morgan Private Bank 712 Main Street 10th Floor North	ZIP CODE
safety deposit box Name of Bank, D	Assor maintains funds. The property of the pr	
safety deposit box Name of Bank, D Mailing Address Name of Bank, D	Assor maintains funds. The property of the pr	
safety deposit box Name of Bank, D Mailing Address Name of Bank, D	Pepository, etc. J.P. Morgan Private Bank 712 Main Street 10th Floor North Houston CITY STATE Chain Bridge Bank, N.A.	
safety deposit box Name of Bank, D Mailing Address Name of Bank, D	Pepository, etc. J.P. Morgan Private Bank 712 Main Street 10th Floor North Houston CITY STATE Chain Bridge Bank, N.A.	