Only

STATEMENT OF

PAGE 1/8

FEC ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. MASSACHUSETTS REPUBLICAN PARTY 400 West Cummings Park ADDRESS (number and street) Ste 5650 (Check if address is changed) Woburn 01801 MA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS rp3@henryalan.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.massgop.com (Check if address is changed) DATE 20 2016 C00042622 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. Crowley, Patrick, , , Type or Print Name of Treasurer Crowley, Patrick, , , [Electronically Filed] 80 12 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 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

ı	FEC Fo i	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. (Cominformation below.)	plete the candidate
Name Cand	e of didate		
	didate / Affiliation	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 lidate		
Part	ty Con	nmittee: (National, State	(Democratic,
(d)	×	L CTA L ' ' L DED L	Republican, etc.) Party
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nected 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 secommittee. (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.)	
Join	t Fund	Iraising Representative:	
(g)	П	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to	vo or more political
(h)		committees/organizations, at least one of which is an authorized committee of a federal candidate. This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.		
	3.	FEC ID number C	
	4.	FEC ID number C	

Γ			
FEC Form 1 (Revised	02/2009)		Page 3
Write or Type Committee Nam	е		
MASSACHUSE	ETTS REPUBLICAN	I PARTY	
6. Name of Any Connected	Organization, Affiliated Committee, J	oint Fundraising Representat	ive, or Leadership PAC Sponsor
MASSACHUSETTS V	ICTORY COMMITTEE		
Mailing Address	310 FIRST STREET SE		
	WASHINGTON	DC	20003
	CITY	STAT	ZIP CODE
Relationship: Connecte	d Organization Affiliated Committee	X Joint Fundraising Repres	entative Leadership PAC Sponsor
 Custodian of Records: Ide books and records. 	ntify by name, address (phone number	optional) and position of th	e person in possession of committee
Phillips, F	Robert, , ,		
Full Name	400 West Cummings Park		
Mailing Address	Ste 5650		
	Woburn	MA MA	01801
Title or Position	CITY	STATE	ZIP CODE
Compliance Officer		Telephone number	202 - 866 - 8229
8. Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number optional) assistant treasurer).	of the treasurer of the commit	tee; and the name and address of
Full Name Crowley, I of Treasurer	Patrick, , ,		
Mailing Address	400 West Cummings Park		
	Ste 5650		<u> </u>
	Woburn	, , , , , MA	01801
	CITY	STATE	ZIP CODE
Title or Position Treasurer		Telephone number	202 866 8229

FEC Form 1 (Revised	0 2/2009)		Page 4
Full Name of Designated Aylward, St			
Mailing Address	400 West Cummings Park		
	Ste 5650		
	Woburn	MA 01801 STATE	ZIP CODE
Title or Position Deputy Treasurer	Telep	phone number 202 - L	866 8229
safety deposit boxes or main Name of Bank, Depository, e		e committee deposits funds, ho	lds accounts, rents
CIAIN			
Mailing Address	1445-A LAUGHLIN AVE		
	MCLEAN	VA 22101	
	CITY	STATE	ZIP CODE
Name of Bank, Depository, e	tc.		
BERKS Mailing Address	P.O. BOX 1308		
	PITTSFIELD	MA 01202	
	CITY	STATE	ZIP CODE

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

FEC Form 1S (Revised 02/2017)

5(g)	or(h). Joint Fundraisin	g Participant:		
	1.	- 	FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	С
	4.		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Sponsor
	CHAPMAN VICTO	DRY FUND		
	Mailing Address	138 CONANT STREET		
		2ND FLOOR		
		BEVERLY	, MA	, 01915
	Relationship:	CITY A	STATE A	ZIP CODE ▲
	Connected	I Organization Affiliated Committee X Joint	Fundraising Representa	Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
8.	Designated Agent: Identify Full Name	by name, address (phone number – optional)		
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	CITY	STATE A	ZIP CODE A
8.	Full Name	CITY A		
8.	Full Name	CITY A	STATE A	
 8. 9. 	Full Name Mailing Address TITLE OR POSITION	CITY A Te ries: List all banks or other depositories in which	STATE A	ZIP CODE ▲
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or matching and the position of Bank, BB&T	CITY A Te ries: List all banks or other depositories in which	STATE A	ZIP CODE ▲
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail	CITY A Tes: List all banks or other depositories in which intains funds.	STATE A	ZIP CODE ▲
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or matching and the positor safety deposit boxes or matching and the pository, etc.	CITY CITY Te ries: List all banks or other depositories in which intains funds.	STATE A	ZIP CODE ▲
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or matching and the positor safety deposit boxes or matching and the pository, etc.	CITY CITY Te ries: List all banks or other depositories in which intains funds.	STATE A	ZIP CODE ▲

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 Fundra	ising Participant:		
1.		FEC ID number	C
2		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
	ted Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
RICK GREEN	VICTORY COMMITTEE		
	138 CONANT STREET		1
Mailing Address	2ND FLOOR		
	BEVERLY	MA MA	01915
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ected Organization Affiliated Committee Joint Joint entify by name, address (phone number – optional)	Fundraising Representa	tive Leadership PAC Sponsor
Full Name			
Mailing Address			
Mailing Address	ON V	STATE A	ZIP CODE A
	ON ▼	STATE A	
Mailing Address TITLE OR POSITI	ON ▼ CITY ▲ Te	ephone Number	ZIP CODE 🛦

FEC Form 1S (Revised 02/2017)

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

(h). Joint Fundraisi	ig Farticipant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
=	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spon
Mailing Address	228 S WASHINGTON STREET		
-	SUITE 115		
	ALEXANDRIA	VA L	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee Jointy by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)		
esignated Agent: Identif	by by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif Full Name Mailing Address	by by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	cy by name, address (phone number – optional) CITY CITY CITY Cries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or make of Bank, epository, etc.	cy by name, address (phone number – optional) CITY CITY CITY Cries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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

h). Joint Fundraisi	3		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fundr HI VICTORY COMMITTEE	aising Representative	e, or Leadership PAC Spon
Mailing Address	C/O RED CURVE SOLUTIONS		
ŭ	138 CONANT STREET, 2ND FLOOR		
	BEVERLY	MA	01915
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		Fundraising Representa	ative Leadership PAC Sp
	Affiliated Committee Joint Joint by by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif	by by name, address (phone number – optional)	Fundraising Representation	Leadership PAC Spanisher
esignated Agent: Identif Full Name Mailing Address	by by name, address (phone number – optional) CITY		
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Full Name Mailing Address TITLE OR POSITION anks or Other Deposite aftety deposit boxes or m ame of Bank, epository, etc.	cy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A