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. KARI LAKE FOR SENATE PO BOX 34341 ADDRESS (number and street) (Check if address is changed) **PHOENIX** 85067 ΑZ CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address KARI@KARILAKE.COM is changed) Optional Second E-Mail Address KARILAKE@REDCURVE.COM COMMITTEE'S WEB PAGE ADDRESS (URL) HTTPS://KARILAKE.COM/ (Check if address is changed) DATE 2024 C00852343 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. Type or Print Name of Treasurer CRATE, BRADLEY, T,, CRATE, BRADLEY, T,, Date 10 15 2024 Signature of Treasurer 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 (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

EC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) X 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 information below.)	the candidate
Name of Candidate LAKE, KARI, ,	
Candidate Office Party Affiliation REP Sought: House X Senate President	State AZ District 00
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the Republication	atic, an, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	cted organization is a:
Corporation Corporation w/o Capital Stock Labor	Organization
Membership Organization Trade Association Coope	erative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segrega committee. (i.e., nonconnected committee)	ated 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).
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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
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.	or more political
Committees Participating in Joint Fundraiser	
1C	

•	FEC Form 1 (Revised 0)2/2009)		Page 3
٧	Vrite or Type Committee Name			
6.		rganization, Affiliated Committee, Joint	Fundraising Representative, or Lea	adership PAC Sponsor
	KARI LAKE VICTOR			1
	Mailing Address	PO BOX 34341		
		PHOENIX	AZ 85	5067
		CITY ▲	STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization	X Joint Fundraising Representative	Leadership PAC Spons
7.	Custodian of Records: Ident books and records.	ify by name, address (phone number opt	ional) and position of the person in pos	ssession of committee
	CRATE, BI	RADLEY, T, ,		
	Full Name			
	Mailing Address	C/O RED CURVE SOLUTIONS LLC		
		138 CONANT ST, STE 401		
		BEVERLY	MA 01	915
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	TREASURER		Telephone number 617	- 303 - 6800
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of assistant treasurer).	the treasurer of the committee; and the	he name and address of
	Full Name CRATE, BI	RADLEY, T, ,		
		ıC/O RED CURVE SOLUTIONS LLC		
	Mailing Address	138 CONANT ST, STE 401		
		BEVERLY	MA 01	915
	Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
	TREASURER	I	Telephone number 617	303 6800

FEC Form	1 (Revised 02/2009)		Page 4
Full Name of Designated Agent Mailing Address	138 CONANT ST, STE 401 BEVERLY	MA	01915
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
ASSISTANT TE	EASURER Telephone r	number 6	303 - 6800
	r Depositories: List all banks or other depositories in which the commoxes or maintains funds.	nittee deposits	funds, holds accounts, rents
Name of Bank,	Depository, etc.		
Mailing Address	CHAIN BRIDGE BANK, N.A. 1445-A LAUGHLIN AVE MCLEAN	VA	22101
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank,			
	FIDELITY INVESTMENTS		
Mailing Address	245 SUMMER ST		
	BOSTON	MA	02210
	CITY ▲	STATE ▲	ZIP CODE ▲

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

h). Joint Fundraisi i	1	FEC ID number	C
1.			
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
ARIZONA FREEDOI	M JFC		
Mailing Address	C/O RED CURVE SOLUTIONS		
	138 CONANT ST, STE 401		
	BEVERLY	MA MA	01915
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee X Joint by by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC S
		t Fundraising Representa	Leadership PAC S
esignated Agent: Identif		t Fundraising Representa	Leadership PAC S
esignated Agent: Identif		t Fundraising Representa	Leadership PAC S
esignated Agent: Identif		t Fundraising Representa	Leadership PAC S
esignated Agent: Identif	fy by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC S
esignated Agent: Identii Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name	fy by name, address (phone number – optional) CITY To	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	fy by name, address (phone number – optional) CITY CITY To pries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or m	fy by name, address (phone number – optional) CITY CITY To pries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or m ame of Bank, JOHN	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	cories: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
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 – optional) CITY CITY Topries: 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

	ng Participant:			
1.		FEC ID	number	С
2.		FEC ID	number	С
3		FEC ID	number	C
4.		FEC ID	number	С
	Organization, Affiliated Committee, Joint	Fundraising Rep	resentativ	e, or Leadership PAC Spons
RECLAIM THE MAJO	ORITY			
Mailing Address	421 OFFICE PARK DR			1 1 1 1 1 1 1 1 1
	MOUNTAIN BROOK		AL	35223
Relationship:	CITY A		STATE A	ZIP CODE ▲
Designated Agent: Identif	y by name, address (phone number - optio	nal)		
Full Name		,		
Full Name				
Mailing Address	CITY A		STATE A	ZIP CODE A
Mailing Address TITLE OR POSITION	CITY A			ZIP CODE A
Mailing Address TITLE OR POSITION	ories: List all banks or other depositories in	Telephone No	umber	
Mailing Address TITLE OR POSITION	ories: List all banks or other depositories in	Telephone No	umber	
Mailing Address TITLE OR POSITION	pries: List all banks or other depositories in aintains funds.	Telephone No	umber	
Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or management of Bank,	pries: List all banks or other depositories in aintains funds.	Telephone No	umber	s funds, holds accounts, rents
Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or make the second process of	pries: List all banks or other depositories in aintains funds.	Telephone No	umber	s funds, holds accounts, rents
Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or make the second process of	pries: List all banks or other depositories in aintains funds.	Telephone No	umber	s funds, holds accounts, rents

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

h). Joint Fundraisi	ng rantoipant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
CORNYN VICTORY	I Organization, Affiliated Committee, Joint Fu	Indraising Representativ	ve, or Leadership PAC Spon
Mailing Address	PO BOX 13026		
	AUSTIN	TX	78711
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	ed Organization Affiliated Committee X J	loint Fundraising Represen	tative Leadership PAC Sp
			tative Leadership PAC Sp
esignated Agent: Identi			tative Leadership PAC Sp
esignated Agent: Identi			tative Leadership PAC Sp
esignated Agent: Identi			tative Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional		Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional		
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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	С
2.			FEC ID number	C
3.			FEC ID number	С
4.			FEC ID number	C
	of Any Connected O	rganization, Affiliated Committee, Joint Fun	draising Representativ	e, or Leadership PAC Sponsor
ı	Mailing Address	228 S. WASHINGTON STREET		
		SUITE 115		
		ALEXANDRIA	VA V	22314
ı	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
8. Desig r	Connected Connec	Organization Affiliated Committee X Joi	nt Fundraising Represent	ative Leadership PAC Sponsor
Fu	II Name			
Ma	ailing Address			
Т	ITLE OR POSITION V	CITY A	STATE ▲	ZIP CODE ▲
			Telephone Number	
safety	or Other Depositorie	es: List all banks or other depositories in whic	h the committee deposit	ts funds, holds accounts, rents
	of Bank, itory, etc. Literal Mailing Address			
	of Bank, itory, etc.	CITY A	STATE A	ZIP CODE A

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

nization, Affiliated Committee, Join EPUBLICAN NOMINEE FUND D BOX 9891 RLINGTON	FEC I	ID number ID number ID number ID number ID number ID number	C C C e, or Leadership PAC Spons
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D BOX 9891	FEC I	D number	C
D BOX 9891	nt Fundraising Re		
D BOX 9891		epresentative	e, or Leadership PAC Spons
D BOX 9891		epresentative	e, or Leadership PAC Spons
D BOX 9891 RLINGTON	2024		
RLINGTON			
RLINGTON			
CITY A		VA	22219
		STATE A	ZIP CODE ▲
ame, address (phone number – opti	onal)		
CITY A		STATE ▲	ZIP CODE ▲
	Telephone I	Number	
	CITY A	Telephone I	CITY A STATE A Telephone Number List all banks or other depositories in which the committee deposit

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

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	d Organization, Affiliated Committee, Joint F	undraising Representativ	e, or Leadership PAC Spons
KARI LAKE VICTOF	RY COMMITTEE		
Mailing Address	PO BOX 34341		
	1		
	PHOENIX	AZ	85067
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
		Joint Fundraising Represen	tative Leadership PAC Sp
	fy by name, address (phone number – optional		tative Leadership PAC Sp
esignated Agent: Identi			tative Leadership PAC Sp
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esignated Agent: Identi	fy by name, address (phone number – optiona	STATE A	
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esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional depositories in w	STATE A Telephone Number	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 – optional depositories in w	STATE A Telephone Number	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 – optional depositories in w	STATE A Telephone Number	ZIP CODE A
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

	g Participant:		
1.		FEC ID numb	per C
2.		FEC ID numb	per C
3.		FEC ID numb	per C
4.		FEC ID numb	per C
			
	Organization, Affiliated Committee, Joint	Fundraising Represent	ative, or Leadership PAC Spons
ADVANCE THE SEN	AIE 		
Mailing Address	421 OFFICE PARK DRIVE		
	MOUTAIN BROOK	AL AL	35223
Relationship:	CITY ▲	STATI	E ▲ ZIP CODE ▲
Pesignated Agent: Identify Full Name	by name, address (phone number - option	nal)	
I uli Ivallie			
Mailing Address			
Mailing Address			
Mailing Address			
	CITY A	STATE	
TITLE OR POSITION	1	STATE	ZIP CODE A
TITLE OR POSITION	CITY A	STATE Telephone Number	ZIP CODE A
TITLE OR POSITION Banks or Other Deposito safety deposit boxes or management of Bank,	ries: List all banks or other depositories in aintains funds.	Telephone Number	
TITLE OR POSITION Banks or Other Deposito safety deposit boxes or matching the safety deposit boxes or matching the safety depository, etc.	ries: List all banks or other depositories in aintains funds.	Telephone Number	posits funds, holds accounts, rents

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

1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4		FEC ID number	С
-	Organization, Affiliated Committee, Joint Fundr LICAN SENATE VICTORY	aising Representative	e, or Leadership PAC Spon
Mailing Address	228 S. WASHINGTON STREET		
	SUITE 115		
	ALEXANDRIA	VA VA	22314
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		Fundraising Representa	Leadership PAC S
	Organization Affiliated Committee X Joint by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identify		Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name		Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name		Fundraising Representation	Leadership PAC S
esignated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional)	Fundraising Representation	Leadership PAC S
esignated Agent: Identify Full Name	by name, address (phone number – optional)		
esignated Agent: Identify Full Name	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	by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail	by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail	by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Janks or Other Depositor afety deposit boxes or mail ame of Bank, depository, etc.	by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A