

FAX

To:
Fax Number: 2022190174

From: Red Curve Client
Fax Number: 6175811437
Phone:

Company: Red Curve Solutions

Date: June 03, 2014
Subject: Cassidy Victory Form 1

Total Pages: 5

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Memo:

Good afternoon,
Please find Form 1 for Cassidy Victory attached.

Please let me know if you have any questions.

Thank you.

Selim Ikizler
Red Curve Solutions
617-303-6829

Please note that our offices have moved. Red Curve Solutions is now located at 500 Cummings Center, Suite 4400, Beverly, MA 01915

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14031243152

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

CASSIDY VICTORY

ADDRESS (number and street)

C/O RED CURVE SOLUTIONS

(Check if address is changed)

500 CUMMINGS CENTER, SUITE 4400

BEVERLY

MA

01915

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

CASSIDYVICTORY@REDCURVE.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

06

03

2014

3. FEC IDENTIFICATION NUMBER

C

4. 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 BRADLEY T. CRATE

Signature of Treasurer

BRADLEY T. CRATE

Date

06

03

2014

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 Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

14031243153

5. 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 candidate information below.)

Name of Candidate _____

Candidate Party Affiliation: Office Sought: House Senate President State: District:

- (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 (Democratic, Republican, 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 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 segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

| | | | |
|----|-------------------------------|---------------|-----------|
| 1. | BILL CASSIDY FOR US SENATE | FEC ID number | C00543983 |
| 2. | REPUBLICAN PARTY OF LOUISIANA | FEC ID number | C00187450 |
| 3. | _____ | FEC ID number | C_____ |
| 4. | _____ | FEC ID number | C_____ |

14031243154

FEC Form 1 (Revised 02/2009)

Page 3

Write or Type Committee Name

CASSIDY VICTORY

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

NONE

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.

Full Name

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

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 of Treasurer

BRADLEY T. CRATE

Mailing Address

500 CUMMINGS CENTER

SUITE 4400

BEVERLY

CITY

STATE

ZIP CODE

Title or Position
TREASURER

Telephone number

617

303

6800

14031243155

FEC Form 1 (Revised 02/2009)

Page 4

Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid for Title or Position]

Telephone number

[Empty grid for Telephone number]

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.

CHAIN BRIDGE BANK

[Empty grid for Name of Bank, Depository, etc.]

Mailing Address

1445-A LAUGHLIN AVENUE

[Empty grid for Mailing Address line 2]

MCLEAN VA 22101

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty grid for Name of Bank, Depository, etc.]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

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**Federal Election Commission
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FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

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N/A
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(8/2013)

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