Only

PAGE 1 / 10 =

FEC FORM 1		_	ANIZA											•
1. NAME OF		(Chook	if name	Evama	lo: If typing tyr	20	_		_	fice Use	Only			
COMMITTEE (ir	full)	is chan	if name ged)	over th	le:If typing, type e lines.	be	12F	E4M!	5					
JOHN JAM	ES F	OR CONC	RESS,	, INC.										
ADDRESS (number a	nd street)	P.O. BOX 628												
(Check if a is changed														
	,	ST. CLAIR SHO	DRES				MI		480	80		- 🗀		
		CITY ▲					STATE	■			ZIP	CODE	A	
COMMITTEE'S E-MA	AIL ADDR	ESS												
(Check if a is changed		JOHNJAME	SFORCON	IGRESS	@REDCUR	VE.CO	M							ш
	/	Optional Secon	d E-Mail Add	ress										
COMMITTEE'S WEB (Check if a is changed	address	WWW.JOHNJA	MESMI.COM											
2. DATE 0		08 / Y Y Y Y Y Y 2022	Y											
3. FEC IDENTIFIC	CATION I	NUMBER >	C co	0803502										
4. IS THIS STATEM	MENT	NEW (N)	OR	×	AMENDED	(A)								
certify that I have e	examined	this Statement and	to the best	of my kno	wledge and be	elief it is	true,	correc	t and	comp	lete.			
Type or Print Name	of Treasu	er CRATE, BRAD	LEY, , ,											
Signature of Treasure	er <i>CR</i> .	ATE, BRADLEY, , ,		[El	ectronically File	<i>d]</i>	ate	M 09	9 /	08			9 2022	Y
NOTE: Submission of	false, erro	neous, or incomplete								penalti	es of	52 U.S	S.C. §	30109
Office Use				Fo Fe	r further informa deral Election Co Il Free 800-424-9	ation con						RM 6/2012		

Toll Free 800-424-9530

Local 202-694-1100

E	C 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 canoninformation below.)	didate
	Name of Candidate JAMES, JOHN, , ,	
	Party Affiliation REP Sought: House Senate President	State MI strict 10
	(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 Republican, etc.)	Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	anization is a:
	Corporation Corporation w/o Capital Stock Labor Organiz	ation
	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 committee. (i.e., nonconnected committee)	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 or more committees/organizations, at least one of which is an authorized committee of a federal candidate.	e political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, none of which is an authorized committee of a federal candidate.	e political
	Committees Participating in Joint Fundraiser	
	1	

	FEC Form 1 (Revised 0	2/2009)		Page 3
٧	Vrite or Type Committee Name			
	JOHN JAMES	FOR CONGRESS, INC.		
6.	=	rganization, Affiliated Committee, Joint Fundrais	ing Representative, or Leade	ership PAC Sponsor
	TEAM VALOR			
		1824 S MILLEDGE AVE STE 101		
	Mailing Address			
		ATHENS	GA 30605	5 - -
		CITY ▲	STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint F	Fundraising Representative	Leadership PAC Sponso
	Custodian of Records: Identi	fy by name, address (phone number optional) and	I nosition of the person in posse	ssion of committee
	books and records.	epitolia, dadices (priorite names). Optionally and	pooluon or the percent in peece	
	CRATE, BF	RADLEY, , ,		
	Full Name			
	Mailing Address	C/O RED CURVE SOLUTIONS		
		138 CONANT STREET, 2ND FLOOR		
		BEVERLY	MA 01915	5
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼	CITT _	SIAIL	ZII CODE =
	TREASURER	Tolor	phone number 617 - [303 6800
			mone number	
8.	Treasurer: List the name and	d address (phone number optional) of the treasu	urer of the committee; and the	name and address of
	any designated agent (e.g., a	ssistant treasurer).		
	Full Name CRATE, BF	ADLEY, , ,		
	of Treasurer			
	Mailing Address	C/O RED CURVE SOLUTIONS		
		138 CONANT STREET, 2ND FLOOR	<u> </u>	
		BEVERLY	MA 01915	5
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼		- · · · -	
	TREASURER		phone number 617 - [303

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
	Depositories: List all banks or other depositories in which the committee deposits fundaces or maintains funds.	s, holds accounts, rents
Name of Bank, D	epository, etc.	
	CHAIN BRIDGE BANK, N.A.	
Mailing Address	1445A LAUGHLIN AVENUE	
	MCLEAN VA 2	22101
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.	
	CLASSIC CITY BANK	
Mailing Address	2365 W BROAD ST	
	ATHENS GA 3	30606
	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	C
			FEC ID number	C
	4.			
6. Na	me of Any Connected	Organization, Affiliated Committee, Joint Fundra	nising Representative	e, or Leadership PAC Sponsor
ľ	JUST WIN BABY	VICTORY FUND		
L				
L				
	Mailing Address	824 S MILLEDGE AVE STE 101		
		ATHENS	GA	30605
	Relationship:	CITY A	STATE A	ZIP CODE ▲
	Connected		Fundraising Representa	ative Leadership PAC Sponsor
3. De s	signated Agent: Identify	y by name, address (phone number - optional)		
	Full Name			
	Full Name			
	Full Name Mailing Address			
		CITY A	STATE A	ZIP CODE A
	Mailing Address	▼ CITY ▲	STATE A	
	Mailing Address	▼ CITY ▲	1	
	Mailing Address TITLE OR POSITION nks or Other Deposito	CITY Tel ries: List all banks or other depositories in which t	ephone Number	ZIP CODE 🛦
	Mailing Address TITLE OR POSITION	CITY Tel ries: List all banks or other depositories in which t	ephone Number	ZIP CODE 🛦
saf Na	Mailing Address TITLE OR POSITION nks or Other Deposito fety deposit boxes or mail	CITY Tel ries: List all banks or other depositories in which t	ephone Number	ZIP CODE 🛦
saf Na	Mailing Address TITLE OR POSITION nks or Other Deposito fety deposit boxes or main me of Bank, WELL; pository, etc.	CITY Tel ries: List all banks or other depositories in which taintains funds.	ephone Number	ZIP CODE 🛦
saf Na	Mailing Address TITLE OR POSITION nks or Other Deposito fety deposit boxes or mail me of Bank, WELL	ries: List all banks or other depositories in which taintains funds. S FARGO BANK	ephone Number	ZIP CODE 🛦
saf Na	Mailing Address TITLE OR POSITION nks or Other Deposito fety deposit boxes or main me of Bank, WELL; pository, etc.	ries: List all banks or other depositories in which taintains funds. S FARGO BANK 8302 WOODMONT AVENUE	he committee deposit	ZIP CODE S funds, holds accounts, rents
saf Na	Mailing Address TITLE OR POSITION nks or Other Deposito fety deposit boxes or main me of Bank, WELL; pository, etc.	ries: List all banks or other depositories in which taintains funds. S FARGO BANK	ephone Number	ZIP CODE 🛦

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

FEC Form 1S (Revised 02/2017)

Page _6_ **of** _10__

5(g) o	r(h). Joint Fundraisin	g Participant:			
	1.		FEC ID	number	C
	2.		FEC ID	number	C
	3.		 FEC ID	number	C
	4.		 │	number	C
6.	Name of Any Connected	Organization, Affiliated Committee, Joint	Fundraising Rep	resentative	e, or Leadership PAC Sponsor
	NRCC MICHIGAN	I VICTORY		1 1 1	
	Mailing Address	320 1ST STREET, SE			
		WASHINGTON		DC	20003
	Relationship:	CITY ▲		STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee	Joint Fundraising	Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - option	al)		
	Full Name				
	Mailing Address				
			1		1
	TITLE OR POSITION	_ CITY ▲		STATE A	ZIP CODE ▲
	TITLE OR POSITION	• 	Telephone Nu	ımbor	- -
			relephone inc	imber	
-					
	Banks or Other Depositor safety deposit boxes or ma	ies: List all banks or other depositories in vintains funds.	which the commit	tee deposit	s funds, holds accounts, rents
	Name of Bank, , EVOL\	/E BANK & TRUST			
	Depository, etc.				
	Mailing Address	301 SHOPPINGWAY BOULEVARD			
		WEST MEMPHIS		AR	72301
ı		CITY ▲		STATE A	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	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 Fun	ndraising Representativ	e, or Leadership PAC Spons
TAKE BACK THE	E HOUSE 2022		
Mailing Address	PO BOX 30844		
	BETHESDA	MD	20824
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
•			
Designated Agent: Identi	ed Organization Affiliated Committee Jack Jack Jack Jack Jack Jack Jack Jack	oint Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identi			ative Leadership PAC Spo
Designated Agent: Identi			ative Leadership PAC Spo
Designated Agent: Identi			ative Leadership PAC Spo
Designated Agent: Identi	fy by name, address (phone number – optional)		
Designated Agent: Identi	fy by name, address (phone number – optional)		Leadership PAC Spo
Designated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)		
Designated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)	STATE A	
Pesignated Agent: Identi Full Name	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whi	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identi Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or markets.	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in while aintains funds.	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identi Full Name	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in while aintains funds.	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identic Full Name	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in while aintains funds.	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identi Full Name	fy by name, address (phone number – optional) CITY CITY Pries: List all banks or other depositories in white anintains funds.	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identi Full Name	fy by name, address (phone number – optional) CITY CITY Pries: List all banks or other depositories in white anintains funds.	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

	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected	l Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spon
JAMES FOR MI-	10		
Mailing Address	PO BOX 30844		
	BETHESDA	MD MD	20824
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		: Fundraising Represent	Leadership PAC Sp
	fy by name, address (phone number – optional)	Trundraising Represent	Leadersnip PAC Sp
esignated Agent: Identi		Trundraising Represent	Leadersnip PAC Sp
esignated Agent: Identi		Trundraising Represent	Leadersnip PAC Sp
esignated Agent: Identi		Trundraising Represent	Leadersnip PAC Sp
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)	STATE A	ZIP CODE A
esignated Agent: Identi	fy by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional) CITY CITY Te ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or markets.	fy by name, address (phone number – optional) CITY CITY Te ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional) CITY CITY Te ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	fy by name, address (phone number – optional) CITY CITY Te ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	fy by name, address (phone number – optional) CITY CITY Te ories: List all banks or other depositories in which	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

h). Joint Fundraisi r		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
MICHIGAN VETE	ERANS VICTORY FUND		
Mailing Address	C/O RED CURVE SOLUTIONS		
. J	138 CONANT STREET - SUITE 201		
	BEVERLY	MA	01915
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee	t Fundraising Representa	Leadership PAC S
	d Organization Affiliated Committee Joint Joint by by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC S
		t Fundraising Representa	ative Leadership PAC S
esignated Agent: Identif		t Fundraising Representa	Leadership PAC S
esignated Agent: Identif		t Fundraising Representa	ative Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional)		
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional)		Leadership PAC S
esignated Agent: Identif	by by name, address (phone number – optional) CITY		
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017) for

5(g) o	r(h). Joint Fundraisi n	g Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	C
	3.		FEC ID number	C
	4		FEC ID number	C
6.	Name of Any Connected JOHN JAMES FC	Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
	JOINTOANLOT			
	Mailing Address	P.O. BOX 628		
	S			
		ST. CLAIR SHORES	ı ı MI ı	48080
	Relationship:	CITY ▲	STATE A	ZIP CODE ▲
			Fundraising Representa	
	Connected	Allimated Golfminated - John I	undraising Hepresent	Leadership 1 Ac oponsor
8.	Designated Agent: Identify	y by name, address (phone number - optional)		
8.	Designated Agent: Identify	y by name, address (phone number – optional)		
8.	Full Name	y by name, address (phone number – optional)		
8.		y by name, address (phone number – optional)		
8.	Full Name	y by name, address (phone number – optional)		
8.	Full Name			
8.	Full Name	CITY A	STATE A	ZIP CODE A
8.	Full Name	CITY A	STATE A	
8.	Full Name	CITY A	1	
- 9.	Full Name Mailing Address TITLE OR POSITION	CITY A Tele ries: List all banks or other depositories in which the	ephone Number	ZIP CODE 🛦
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mail	CITY A Tele ries: List all banks or other depositories in which the	ephone Number	ZIP CODE 🛦
9.	Full Name Mailing Address TITLE OR POSITION	CITY A Tele ries: List all banks or other depositories in which the	ephone Number	ZIP CODE 🛦
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or matching and safety deposit boxes or matching and safety deposit boxes.	CITY A Tele ries: List all banks or other depositories in which the	ephone Number	ZIP CODE 🛦
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mail to the position of Bank, Depository, etc.	CITY A Tele ries: List all banks or other depositories in which the	ephone Number	ZIP CODE 🛦
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mail to the position of Bank, Depository, etc.	CITY A Tele ries: List all banks or other depositories in which the	ephone Number	ZIP CODE 🛦