

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED PAGE 1/4 SECRETARY OF THE SENATE PUBLIC RECORDS

15 OCT -8 PM 2:43

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

GABRIEL GOMEZ FOR SENATE

ADDRESS (number and street)

C/O RED CURVE SOLUTIONS

(Check if address is changed)

138 CONANT STREET, 2ND FLOOR

BEVERLY

CITY ▲

MA

STATE ▲

01915

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

GOMEZ@REDCURVE.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

MM / DD / YYYY 10 / 05 / 2015

3. FEC IDENTIFICATION NUMBER

C C00541540

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

Bradley T. Crate

Date

MM / DD / YYYY 10 / 05 / 2015

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)

201510080200251187

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 GABRIEL GOMEZ

Candidate Party Affiliation REP House Senate President State MA 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 (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.	_____	FEC ID number	<input type="checkbox"/> C _____
2.	_____	FEC ID number	<input type="checkbox"/> C _____
3.	_____	FEC ID number	<input type="checkbox"/> C _____
4.	_____	FEC ID number	<input type="checkbox"/> C _____

201510080200251108

Write or Type Committee Name

GABRIEL GOMEZ FOR SENATE

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 BRADLEY T CRATE

Mailing Address C/O RED CURVE SOLUTIONS
138 CONANT STREET, 2ND FLOOR
BEVERLY MA 01915
CITY STATE ZIP CODE

Title or Position

TREASURER Telephone number 617 848 8887

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 C/O RED CURVE SOLUTIONS
138 CONANT STREET, 2ND FLOOR
BEVERLY MA 01915
CITY STATE ZIP CODE

Title or Position

TREASURER Telephone number 617 848 8887

201510080200251189

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[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

[Grid for Name of Bank, Depository, etc.]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

MCLEAN

VA

22101

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc.]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

201510080200251190

Insert shipping document here

ORIGIN ID: MXGA (617) 848-8887
BRADLEY CRATE
RED CURVE SOLUTIONS
138 CONANT ST, 2ND FLOOR
BEVERLY, MA 01915
UNITED STATES US

SHIP DATE: 05OCT15
ACTWGT: 0.50 LB
CAD: 105653717/NET3670

BILL SENDER

TO SENATE OFFICE OF PUBLIC RECORDS
SECRETARY OF THE SENATE
232 SENATE HART OFFICE BUILDING

WASHINGTON DC 20510
REF: GOMEZ REPORT
DEPT:
(202) 694-1000
INV:
PO



TUE - 06 OCT 10:30A
PRIORITY OVERNIGHT

TRK# 7746 6697 8459
0201

20510
DC-US IAD

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OCT 06 2015

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RT 729

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8459
10:06

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2015

201510080200251191

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Date of Receipt Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	<u>10/5/15</u>	<input checked="" type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

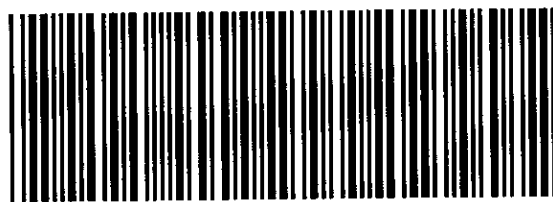
POSTMARK ILLEGIBLE POSTMARK

FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER MN DATE PREPARED 10/08/15

201510080200251192



SEN PATCH



SEN PATCH

201510080200251193