

**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

JOHN JAMES FOR CONGRESS, INC.

ADDRESS (number and street)

P.O. BOX 628

☐ (Check if address is changed)

ST. CLAIR SHORES

CITY ▲

MI

STATE ▲

48080

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

JOHNJAMESFORCONGRESS@REDCURVE.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

WWW.JOHNJAMESMI.COM

2. DATE

MM / DD / YYYY
11 / 03 / 2022

3. FEC IDENTIFICATION NUMBER ►

C C00803502

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 CRATE, BRADLEY, , ,

Signature of Treasurer CRATE, BRADLEY, , ,

[Electronically Filed]

Date

MM / DD / YYYY
11 / 03 / 2022

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
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

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 JAMES, JOHN, , ,

Candidate Party Affiliation REP Office Sought: ☒ House ☐ Senate ☐ President State MI District 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 _____ (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.)

- (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 political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (j) ☐ 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. _____

2. _____

C _____

C _____

Write or Type Committee Name

JOHN JAMES FOR CONGRESS, INC.

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

Mailing Address

824 S MILLEDGE AVE STE 101

ATHENS

GA

30605

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: ☐ Connected Organization ☐ Affiliated Organization ☒ 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 CRATE, BRADLEY, , ,

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

303

6800

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 CRATE, BRADLEY, , ,

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

303

6800

Full Name of
Designated
Agent

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

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, N.A.

Mailing Address

1445A LAUGHLIN AVENUE

MCLEAN

VA

22101

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

CLASSIC CITY BANK

Mailing Address

2365 W BROAD ST

ATHENS

GA

30606

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1.

2.

3.

4.

FEC ID number

FEC ID number

FEC ID number

FEC ID number

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

JUST WIN BABY VICTORY FUND

Mailing Address

824 S MILLEDGE AVE STE 101

ATHENS

CITY ▲

GA

STATE ▲

30605

ZIP CODE ▲

Relationship:

☐

Connected Organization

☐

Affiliated Committee

☒

Joint Fundraising Representative

☐

Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

Mailing Address

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

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, **WELLS FARGO BANK**

Depository, etc.

Mailing Address

8302 WOODMONT AVENUE

BETHESDA

CITY ▲

MD

STATE ▲

20814

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1.		FEC ID number	
2.		FEC ID number	
3.		FEC ID number	
4.		FEC ID number	

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

NRCC MICHIGAN VICTORY

Mailing Address 320 1ST STREET, SE

WASHINGTON DC 20003 -

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲

☐ Connected Organization ☐ Affiliated Committee ☒ Joint Fundraising Representative ☐ Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

Mailing Address

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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, EVOLVE BANK & TRUST

Depository, etc.

Mailing Address 301 SHOPPINGWAY BOULEVARD

WEST MEMPHIS AR 72301 -

CITY ▲ STATE ▲ ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C

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

TAKE BACK THE HOUSE 2022

Mailing Address

PO BOX 30844

BETHESDA

MD

20824

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐ Connected Organization ☐ Affiliated Committee ☒ Joint Fundraising Representative ☐ Leadership PAC Sponsor8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

Mailing Address

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

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, FVCBANK

Depository, etc.

Mailing Address

11325 RANDOM HILLS ROAD

FAIRFAX

VA

22030

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1.		FEC ID number	
2.		FEC ID number	
3.		FEC ID number	
4.		FEC ID number	

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

JAMES FOR MI-10

Mailing Address

PO BOX 30844

BETHESDA

MD

20824

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐ Connected Organization ☒ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

Mailing Address

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

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.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1.

2.

3.

4.

FEC ID number

FEC ID number

FEC ID number

FEC ID number

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

MICHIGAN VETERANS VICTORY FUND

Mailing Address

C/O RED CURVE SOLUTIONS

138 CONANT STREET - SUITE 201

BEVERLY

MA

01915

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐ Connected Organization ☐ Affiliated Committee ☒ Joint Fundraising Representative ☐ Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

Mailing Address

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

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.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C

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

JOHN JAMES FOR MICHIGAN

Mailing Address P.O. BOX 628

ST. CLAIR SHORES MI 48080

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲

☐ Connected Organization ☐ Affiliated Committee ☒ Joint Fundraising Representative ☐ Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

Mailing Address

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1.

2.

3.

4.

FEC ID number

FEC ID number

FEC ID number

FEC ID number

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

SCOTT FRANKLIN WINGMAN FUND

Mailing Address

P.O. BOX 2811

LAKELAND

FL

33806

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐

Connected Organization

☐

Affiliated Committee

☒

Joint Fundraising Representative

☐

Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

Mailing Address

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

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.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C

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

FREEDOMWORKS VICTORY 2022

Mailing Address

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲

☐ Connected Organization ☐ Affiliated Committee ☒ Joint Fundraising Representative ☐ Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

TITLE OR POSITION ▼ 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.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲