Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. JASON LEWIS FOR SENATE P.O. BOX 4515 ADDRESS (number and street) (Check if address is changed) ST. PAUL 55104 MN CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS JASONLEWISFORSENATE@REDCURVE.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) WWW.LEWISFORMN.COM (Check if address is changed) DATE 2022 C00716860 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. CRATE, BRADLEY, , , Type or Print Name of Treasurer CRATE, BRADLEY, , , [Electronically Filed] 01 2022 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

	550 <b>5</b>	4 (7) 1 1 00 (0000)	5 0
		rm 1 (Revised 02/2009)	Page <b>2</b>
		OMMITTEE • 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. (Cor information below.)	nplete the candidate
Nam Cand	e of didate	LEWIS, JASON, , ,	
	didate / Affiliation	on REP Office Sought: House X Senate President	State MN District 00
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	(5)
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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 s committee. (i.e., nonconnected committee)	egregated 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.)	
Join	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC Form 1 (Revised C		Page 3
Write or Type Committee Name  JASON LEWIS		
-	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	ip PAC Sponsor
SENATE FIREWALL 2	2020    	
Mailing Address	901 N WASHINGTON ST	
Mailing Address	SUITE 700	
	CITY STATE 2	ZIP CODE
Relationship: Connected	Organization Affiliated Committee X Joint Fundraising Representative Lead	dership PAC Sponsor
<ol> <li>Custodian of Records: Iden books and records.</li> </ol>	tify by name, address (phone number optional) and position of the person in poss	ession of committee
CRATE, BI	RADLEY, , ,	
Mailing Address	C/O RED CURVE SOLUTIONS	
•	138 CONANT STREET, 2ND FLOOR	
	BEVERLY MA 01915	
Title or Position	CITY STATE Z	ZIP CODE
TREASURER		6800
Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the namessistant treasurer).	ne and address of
Full Name CRATE, BF of Treasurer	RADLEY,,,	
Mailing Address	C/O RED CURVE SOLUTIONS	
	138 CONANT STREET, 2ND FLOOR	
	BEVERLY MA 01915  CITY STATE Z	IP CODE
Title or Position TREASURER		03   6800

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Full Name of Designated Agent		
Mailing Address		
	CITY STATE Z	ZIP CODE
Title or Position		
	Telephone number	
safety deposit boxe Name of Bank, De	<b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, holds es or maintains funds.  epository, etc.	decounts, rems
safety deposit boxe Name of Bank, De	es or maintains funds.	
safety deposit boxe Name of Bank, De	es or maintains funds. epository, etc.  CHAIN BRIDGE BANK, N.A.  1445-A LAUGHLIN AVENUE  MCLEAN  VA 22101	ZIP CODE
safety deposit boxe Name of Bank, De	es or maintains funds. epository, etc.  CHAIN BRIDGE BANK, N.A.  1445-A LAUGHLIN AVENUE  MCLEAN  VA 22101  CITY  STATE	
Name of Bank, De	es or maintains funds.  epository, etc.  CHAIN BRIDGE BANK, N.A.  1445-A LAUGHLIN AVENUE  MCLEAN  CITY  STATE  Epository, etc.  BANK OF AMERICA	
Name of Bank, De	es or maintains funds.  epository, etc.  CHAIN BRIDGE BANK, N.A.  1445-A LAUGHLIN AVENUE  MCLEAN  CITY  STATE  Epository, etc.  BANK OF AMERICA	
Name of Bank, De  Mailing Address  Name of Bank, De	es or maintains funds.  epository, etc.  CHAIN BRIDGE BANK, N.A.  1445-A LAUGHLIN AVENUE  MCLEAN  CITY  STATE  Epository, etc.  BANK OF AMERICA	

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

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h). Joint Fundraisii		FEC ID number	С
1.		FEC ID number	C
2.			
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e. or Leadership PAC Spon
	ALL COMMITTEE III		
1			
Mailing Address	901 N WASHINGTON ST		
	SUITE 700		
	ALEXANDRIA	, VA I	22314
Relationship:	CITY A	STATE A	ZIP CODE ▲
	d Organization Affiliated Committee Joint  y by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional)	Fundraising Representation	Leadership PAC S
esignated Agent: Identif  Full Name  Mailing Address	by by name, address (phone number – optional)  CITY		
esignated Agent: Identification  Full Name	y by name, address (phone number – optional)  CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION	y by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite  afety deposit boxes or me	y by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
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Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	y by name, address (phone number – optional)  CITY   CITY   Te  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.	y by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A

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

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		FEC ID number	C
4.		FEC ID number	C
lome of Any Connector	l Organization, Affiliated Committee, Joint Fundr	raining Danyacantative	or Loodorobin DAC Snone
-	ACH VICTORY COMMITTEE	aising nepresentative	s, or Leadership PAC Spons
1			
	22421441522541/5		
Mailing Address	824 S MILLEDGE AVE		
	STE 101		
	ATHENS	GA L	30605
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Full Name			
Mailing Address			
TITLE OR POSITION	N ▼ CITY ▲	STATE ▲	ZIP CODE ▲
		elephone Number	

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

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1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
ame of Any Connected  LEWIS FREEDO	Organization, Affiliated Committee, Joint Fund M FUND	raising Representative	e, or Leadership PAC Spons
Mailing Address	C/O RED CURVE SOLUTIONS		
	138 CONANT STREET - 2ND FLOOR		
	BEVERLY	MA	01915
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		t Fundraising Representa	ative Leadership PAC Sp
	d Organization Affiliated Committee Join  y by name, address (phone number – optional)	t Fundraising Representa	ative Leadership PAC Sp
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