FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. MUSTANG PAC PO BOX 275 ADDRESS (number and street) (Check if address is changed) TAYLORSVILLE 47280 IN CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS MUSTANGPAC@REDCURVE.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 31 2022 C00680322 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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, T, MR., Type or Print Name of Treasurer CRATE, BRADLEY, T, MR., [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

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
	naidate	Committee:	
(a)	Ш	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	plete the candidate
	ne of didate		
	didate y Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	ne of didate		
Par	rty Con	nmittee:	
(d)		(National, State	Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conr	nected 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)			gradated fund or party
(f)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fulld of party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joir	nt Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Nan	ne	
MUSTANG PA	NC	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or I	Leadership PAC Sponsor
GREG PENCE VICTO	ORY	
	PO BOX 275	
Mailing Address		
		47280
	CITY STATE	ZIP CODE
	ed Organization Affiliated Committee Joint Fundraising Representative entify by name, address (phone number optional) and position of the perso	Leadership PAC Sponsor
books and records.	straing by frame, deduces (priorite frame) or the person	ii iii possession oi committee
	BRADLEY, T, MR.,	
Full Name	C/O RED CURVE SOLUTIONS	
Mailing Address	138 CONANT ST, 2ND FL	
	BEVERLY	01915
Title or Position	CITY STATE	ZIP CODE
TREASURER	Telephone number 617	6800
Treasurer: List the name a any designated agent (e.g.,	and address (phone number optional) of the treasurer of the committee; and assistant treasurer).	the name and address of
Full Name CRATE, of Treasurer	BRADLEY, T, MR.,	
Mailing Address	C/O RED CURVE SOLUTIONS	
	138 CONANT ST, 2ND FL	
	BEVERLY MA CITY STATE	01915 ZIP CODE
Title or Position TREASURER	617 Telephone number	

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Full Name of Designated	YOUNG, JA	ASON, , ,					
Agent							
Mailing Address		C/O RED CURVE SOLU	UTIONS				
		138 CONANT ST, 2ND	FL			1 1 1	
		BEVERLY			MA	01915	1 1
			CITY		STATE		ZIP CODE
Title or Position ASSISTANT TI	REASURER		1		. 6	617	303 680
				Telephone nu	ımber		
Danka an Otha				Carlo Alexander Carlos		funds, hol	de accounte rente
safety deposit b		s: List all banks or other ains funds.	er depositories in wh	lich the commi	ittee deposits		do decounts, rents
	oxes or main	ains funds.	er depositories in wh	nich the commi	ittee deposits		us accounts, rents
safety deposit b	oxes or main Depository, e	ains funds. cc.		iich the commi	ttee deposits		us accounts, rems
safety deposit b	oxes or main Depository, e	eains funds. cc. FINANCIAL BAN		lich the commi	ttee deposits		
safety deposit b	Depository, e	ains funds. cc.		lich the commi	ttee deposits		as accounts, rents
safety deposit b Name of Bank,	Depository, e	eains funds. cc. FINANCIAL BAN		lich the commi	ttee deposits		
safety deposit b Name of Bank,	Depository, e	eains funds. cc. FINANCIAL BAN		lich the commi	ttee deposits	47201	
safety deposit b Name of Bank,	Depository, e	ains funds. FINANCIAL BAN 125 3RD STREET COLUMBUS		lich the commi			ZIP CODE
safety deposit b Name of Bank,	poxes or maint Depository, e	ains funds. TINANCIAL BAN 125 3RD STREET COLUMBUS	K	lich the commi	IN		
safety deposit b Name of Bank, Mailing Address	Depository, e	ains funds. TINANCIAL BAN 125 3RD STREET COLUMBUS	CITY	ich the commi	IN		
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, e	TINANCIAL BAN 125 3RD STREET COLUMBUS 1c.	CITY	lich the commi	IN		
safety deposit b Name of Bank, Mailing Address	Depository, e	FINANCIAL BAN 125 3RD STREET COLUMBUS CC. BRIDGE BANK,	CITY	inch the commi	IN		
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, e	EINANCIAL BAN 125 3RD STREET COLUMBUS CC. BRIDGE BANK, 1445A LAUGHLIN AVE	CITY	lich the commi	IN	47201	
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, e	FINANCIAL BAN 125 3RD STREET COLUMBUS CC. BRIDGE BANK,	CITY	inch the commi	IN		

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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	ng Participant:		
1.		FEC ID numbe	r C
2.		FEC ID numbe	r C
3.		FEC ID numbe	r C
4		FEC ID numbe	r C
Name of Any Connected	Organization, Affiliated Committee, Joint	Fundraising Representa	tive, or Leadership PAC Sponso
Mailing Address	PO BOX 275		
	TAYLORSVILLE	IN	
Relationship:	CITY ▲	STATE	▲ ZIP CODE ▲
Full Name			
Mailing Address			
	CITY A	STATE A	ZIP CODE A
Mailing Address	CITY A	STATE A	ZIP CODE A
Mailing Address TITLE OR POSITION	ories: List all banks or other depositories in v	Telephone Number	
Mailing Address TITLE OR POSITION Banks or Other Deposite cafety deposit boxes or management of Bank,	ories: List all banks or other depositories in v	Telephone Number	
Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or make a safety deposit boxes or make a safety depository, etc.	ories: List all banks or other depositories in v	Telephone Number	
Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or make a safety deposit boxes or make a safety depository, etc.	ories: List all banks or other depositories in v	Telephone Number	