Only

# STATEMENT OF

PAGE 1 / 14

**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. SAVE AMERICA P.O. BOX 13570 ADDRESS (number and street) (Check if address is changed) ARLINGTON 22219 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS SAVEAMERICA@REDCURVE.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) WWW.DONALDJTRUMP.COM (Check if address is changed) DATE 2022 C00762591 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, T.,, Type or Print Name of Treasurer CRATE, BRADLEY, T.,, [Electronically Filed] 15 2022 Signature of Treasurer Date 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 For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FEC Form 1 (Revised 03/2022)	Page <b>2</b>
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. (Cominformation below.)	plete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate Presider	State
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Name of Candidate	
Party Committee:	
(d) This committee is a	mocratic, publican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its c	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 se 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.)	
(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 (H	ybrid 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 committees/organizations, at least one of which is an authorized committee of a federal candid	
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	or two or more political
Committees Participating in Joint Fundraiser	
1	
C	

	FEC Form 1 (Revised	d 02/2009)	Page <b>3</b>
٧	Vrite or Type Committee Nar		
	SAVE AMER	ICA	
6.	=	Organization, Affiliated Committee, Joint Fundraising Represent GREAT AGAIN PAC	tative, or Leadership PAC Sponsor
	Mailing Address	P.O. BOX 13570	
		ARLINGTON	A
		CITY ▲ STA	TE ▲ ZIP CODE ▲
	Relationship: Connect	ed Organization X Affiliated Organization Joint Fundraising Rep	presentative Leadership PAC Sponso
			_
7.	Custodian of Records: Ide	entify by name, address (phone number optional) and position of the	person in possession of committee
	CRATE,	BRADLEY, T., ,	
	Full Name		
	Mailing Address	P.O. BOX 13570	
		1	
		ARLINGTON	A 22219
		CITY ▲ STA	TE ▲ ZIP CODE ▲
	Title or Position ▼	OIT = SIA	IL = ZII GODE =
	TREASURER	Telephone number	617 - 303 - 6800
8.	Treasurer: List the name any designated agent (e.g	and address (phone number optional) of the treasurer of the com ., assistant treasurer).	nmittee; and the name and address of
	Full Name CRATE,	BRADLEY, T., ,	
	of Treasurer		
	Mailing Address	P.O. BOX 13570	
		ARLINGTON	/A   22219   -     -
	TW B	CITY ▲ STA	TE ▲ ZIP CODE ▲
	Title or Position ▼		
	TREASURER	Telephone number	617 - 303 - 6800

FE	EC Form 1	(Revised 02/2009)		Page <b>4</b>
Full Na Design Agent	ame of		1 1 1 1	
	g Address			
iviaiiiig	y Address			
Title or	r Position <b>▼</b>	CITY ▲	STATE ▲	ZIP CODE ▲
			mber	
		Depositories: List all banks or other depositories in which the committees or maintains funds.	ee deposits fu	unds, holds accounts, rents
Name (	of Bank, D	epository, etc.		
		CHAIN BRIDGE BANK, N.A.		
Mailing	Address	1445A LAUGHLIN AVE		
		MCLEAN	VA	22101
		CITY ▲	STATE ▲	ZIP CODE ▲
Name (	of Bank, D	epository, etc.		
		CLASSIC CITY BANK		
Mailing	J Address	2365 WEST BROAD ST		
		ATHENS	GA	30606
		CITY ▲	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

5(a)	or(h). <b>Joint Fundraisi</b> n	ng Participant		
O(9)	1.		FEC ID number	C
	2.		FEC ID number	C
			FEC ID number	C
	3.		FEC ID number	C
	4.		I LO ID Hullibel	0
6.	Name of Any Connected MAX MILLER VIC	Organization, Affiliated Committee, Joint Fundr	aising Representativ	e, or Leadership PAC Sponsor
	Mailing Address	824 S MILLEDGE AVE STE 101		
		ATHENS	GA	30605
	Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	Connected	d Organization	Fundraising Represent	ative Leadership PAC Sponsor
8.		y by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
	TITLE OR POSITION	UCITY ▲	STATE ▲	ZIP CODE ▲
	IIILE OR FOSITION	1	lephone Number	
9.	Banks or Other Depositors safety deposit boxes or many Name of Bank, Depository, etc.  Mailing Address		the committee deposit	s funds, holds accounts, rents
	Mailing Address			
		ALEVANDRIA		.22214
		ALEXANDRIA	VA	22314
		CITY A	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017) for Lines 5(g) or (h), 6, 8 a

(h). Joint Fundraisir			
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
lame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
APL VICTORY F	JND		
Mailing Address	1201 GANDY BLVD N		
	P.O. BOX 23064		
	SAINT PETERSBURG	FL	33742
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee  Joint y by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC Sp
		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Sp
resignated Agent: Identif  Full Name  Mailing Address	y by name, address (phone number – optional)  CITY		
Full Name Mailing Address	y by name, address (phone number – optional)  CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identification Full Name   Mailing Address  TITLE OR POSITION   Anks or Other Depositor	y by name, address (phone number – optional)  CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management of Bank, SERV	y by name, address (phone number – optional)  CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management of Bank, SERV	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  Janks or Other Deposite afety deposit boxes or malame of Bank, depository, etc.	y by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which aintains funds.  ISFIRST BANK	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.  ISFIRST BANK  300 GALLERIA PARKWAY SE	STATE A	ZIP CODE A

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

5(g) o	r(h). <b>Joint Fundraisin</b> ç	g Participant:		
	1		FEC ID number	C
	2		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Fundrai	ising Representative	e, or Leadership PAC Sponsor
	TEAM HERSCHE	L VICTORY COMMITTEE		
	Mailing Address	PO BOX 501707		
		ATLANTA	GA	31150
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint F	Fundraising Representa	Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
8.	Designated Agent: Identify  Full Name	by name, address (phone number – optional)		
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	CITY A	STATE A	ZIP CODE A
8.	Full Name	CITY A		
9.	Full Name Mailing Address  TITLE OR POSITION	CITY   Tele  ies: List all banks or other depositories in which the	STATE ▲	ZIP CODE A
9.	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or mail	CITY   Tele  ies: List all banks or other depositories in which the	STATE ▲	ZIP CODE A
9.	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	CITY   Tele  ies: List all banks or other depositories in which the	STATE ▲	ZIP CODE A
9.	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	CITY   Tele  ies: List all banks or other depositories in which the	STATE ▲	ZIP CODE A

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

h). <b>Joint Fundraisi</b>	ig raiticipant.		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
SAVE WYOMING	Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spon
Mailing Address	P.O. BOX 4157		
	CHEYENNE	WY	82003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte		Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identif	d Organization Affiliated Committee	Fundraising Representa	Leadership PAC Sp
Connecte	d Organization Affiliated Committee	Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif	d Organization Affiliated Committee	Fundraising Representa	Leadership PAC Sp
Connecte esignated Agent: Identif	d Organization Affiliated Committee	Fundraising Representation	Leadership PAC Sp
esignated Agent: Identif	Affiliated Committee  y Joint  y by name, address (phone number – optional)	Fundraising Representation	Leadership PAC Sp
esignated Agent: Identification  Full Name  Mailing Address	Affiliated Committee  y Joint  y by name, address (phone number – optional)  CITY		
esignated Agent: Identification  Full Name Mailing Address  TITLE OR POSITION	Affiliated Committee  y Joint  fy by name, address (phone number – optional)  CITY   CITY   Telepries: 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, epository, etc.	Affiliated Committee  y Joint  fy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A

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

h). Joint Fundraisi		FEC ID number	С
1.		FEC ID number	С
2.		FEC ID number	C
3.			
4.		FEC ID number	C
ame of Any Connected	d Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
TRUMP, DONAL			
<u> </u>			
Mailing Address	P.O. BOX 13570		
	ARLINGTON	, , ,   VA	22219
Relationship:	CITY 🛦	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee Joint	t Fundraising Representa	tive X Leadership PAC S
	ed Organization Affiliated Committee Joint	t Fundraising Representa	Leadership PAC S
esignated Agent: Identi		t Fundraising Representa	Leadership PAC S
esignated Agent: Identi		t Fundraising Representa	Leadership PAC S
esignated Agent: Identi		t Fundraising Representa	Leadership PAC S
esignated Agent: Identi  Full Name  Mailing Address	ify by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC S
esignated Agent: Identi	ify by name, address (phone number – optional)  CITY		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	ify by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	ify by name, address (phone number – optional)  CITY   CITY   Ories: 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

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ories: List all banks or other deposi aintains funds.	tories in which the co	mmittee deposits	s tunds, holds accounts, rents
nden List all hands on other decide			n fundo haldo casarinta in the
	Telepho	ne Number	
OITY ▲		STATE ▲	ZIP CODE ▲
	ittee X Joint Fund		
			ZIP CODE ▲
BEVERLY		ı MA	01915
C/O RED CURVE SOLUTIONS			
Organization, Affiliated Committee	e, Joint Fundraising	Representative	e, or Leadership PAC Sponso
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			C
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			C
	C/O RED CURVE SOLUTIONS  138 CONANT ST, STE 201  BEVERLY  CITY A  dd Organization Affiliated Commit  fy by name, address (phone number  CITY A  CITY A	FE F	C/O RED CURVE SOLUTIONS  138 CONANT ST, STE 201  BEVERLY  CITY A  STATE A  do Organization  Affiliated Committee  X Joint Fundraising Representative  Telephone Number  CITY A  STATE A  Telephone Number

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

h). <b>Joint Fundraisir</b>			
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
Mailing Address	C/O RED CURVE SOLUTIONS		
Ŭ	138 CONANT ST, STE 201		
	BEVERLY	MA MA	01915
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee Joint  y by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)		
esignated Agent: Identif	y by name, address (phone number – optional)	t Fundraising Representation	Leadership PAC Sp
esignated Agent: Identif  Full Name  Mailing Address	y by name, address (phone number – optional)  CITY		
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION	y by name, address (phone number – optional)  CITY   To	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional)  CITY   To	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional)  CITY   To	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

h). <b>Joint Fundrais</b>	ing i articipant.		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connecte	d Organization, Affiliated Committee, Joint Fundr	aising Representative	or Leadershin PAC Snon
	MERICA JOINT FUNDRAISING COM		s, or reductioning the open
Mailing Address	P.O. BOX 13570		
•			
	ARLINGTON	, VA	22219
Relationship:	CITY ▲	STATE A	ZIP CODE A
		OTAIL A	211 0001 2
	ed Organization Affiliated Committee Joint Joint ify by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC Sp
		Fundraising Representa	Leadership PAC Sp
esignated Agent: Ident		Fundraising Representa	Leadership PAC Sp
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esignated Agent: Ident		Fundraising Representa	Leadership PAC Sp
esignated Agent: Ident  Full Name  Mailing Address	ify by name, address (phone number – optional)	Fundraising Representa	
esignated Agent: Ident	ify by name, address (phone number – optional)		
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITIO	ify by name, address (phone number – optional)  CITY   Te	STATE A	ZIP CODE A
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITIO	ify by name, address (phone number – optional)  CITY   CITY   Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address  TITLE OR POSITIO	ify by name, address (phone number – optional)  CITY   CITY   Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or name of Bank, epository, etc	ify by name, address (phone number – optional)  CITY   CITY   Telepories: 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

h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	l Organization, Affiliated Committee, Joint Fundi	raising Representative	e, or Leadership PAC Spons
TRUMP MAKE A	MERICA GREAT AGAIN COMMITTE	<b>EE</b>	
1			
Mailing Address	P.O. BOX 13570		
	ARLINGTON	, ,   VA	22219
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee	t Fundraising Represent	ative Leadership PAC Sp
	Affiliated Committee	t Fundraising Represent	ative Leadership PAC Sp
		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)	t Fundraising Represent	
esignated Agent: Identi	fy by name, address (phone number – optional)  CITY		
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)  CITY	STATE A	
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
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esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management of Bank,	fy by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
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FEC Form 1S (Revised 02/2017)

	Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Funds	raising Representative	e, or Leadership PAC Sponsor
Mailing Address	C/O RED CURVE SOLUTIONS		
	138 CONANT ST, STE 201		
	BEVERLY	MA MA	01915
Relationship:	CITY A	STATE A	ZIP CODE ▲
Connected	Organization Affiliated Committee	t Fundraising Represent	ative Leadership PAC Sponso
Decignated Agents Identify	by name address (phone number entional)		
Designated Agent: Identify  Full Name	by name, address (phone number – optional)		
	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A		
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositori safety deposit boxes or main  Name of Bank,	CITY A  es: List all banks or other depositories in which	STATE ▲	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositori safety deposit boxes or main  Name of Bank, Depository, etc.	CITY A  es: List all banks or other depositories in which	STATE ▲	ZIP CODE 🛦
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositori safety deposit boxes or main  Name of Bank,	CITY A  es: List all banks or other depositories in which	STATE ▲	ZIP CODE 🛦
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositori safety deposit boxes or main  Name of Bank, Depository, etc.	CITY A  es: List all banks or other depositories in which	STATE ▲	ZIP CODE 🛦