FEC FORM 1		STATEME ORGANIZ		Of	PAGE 1 / 4
1. NAME OF COMMITTEE (in	ı full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
ADDRESS (number a	nd street)		Y		
(Check if a is changed		STE 130-BOX361			
is changed	,			CO 809	21
				STATE A	ZIP CODE
COMMITTEE'S E-MA		SS			
(Check if a is changed	address		@REDCURVE.COM		
		Optional Second E-Mail A	ddress		
COMMITTEE'S WEB	address				
2. DATE	M / D 10				
3. FEC IDENTIFIC	CATION NU		C00786723		
4. IS THIS STATEN	MENT X	NEW (N) OR	AMENDED (A)		
I certify that I have e	examined th	is Statement and to the bes	at of my knowledge and belief it	is true, correct and	complete.
Type or Print Name	of Treasurer	CRATE, BRADLEY, T, ,			
Signature of Treasure	er <i>CRATI</i>	E, BRADLEY, T, ,	[Electronically Filed]	Date 08	D D / Y Y Y Y 10 / 2021
NOTE: Submission of			n may subject the person signing f		penalties of 2 U.S.C. §437g.
Office Use Only			For further information c Federal Election Commissi Toll Free 800-424-9530		FEC FORM 1 (Revised 06/2012)

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TYP	E OF C	OMMITTEE
Can	ndidate	e 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.)
Nam Cano	e of didate	BREMER, ELI, , ,
	didate y Affiliati	on REP Office Sought: House K Senate President State 00 District 00
(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
Nam Cano	e of didate	
Par	ty Con	nmittee:
(d)		This committee is a(National, State or subordinate) committee of the(Democratic, Republican, etc.) Party.
Poli	itical A	ction 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.)
Join	t Fund	Iraising 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.
	Com	mittees Participating in Joint Fundraiser
	1.	
	2.	
	3.	
	4.	
	4.	

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Write or Type Committee Name

ELI FOR COLORADO

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

Mailing Address				
	CITY		STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Com	ittee 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.

CRATE, B	RADLEY, T, ,
Full Name	
Mailing Address	138 CONANT STREET
	SECOND FLOOR
	BEVERLY MA 01915 Image: Image
Title or Position	CITY STATE ZIP CODE
	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	CRATE, BRADLEY, T, ,
of Treasurer	
Mailing Address	138 CONANT STREET
	BEVERLY
	CITY STATE ZIP CODE
Title or Position	Image: Telephone number 617 303 6800 Image: Telephone number Image: Telephone number Image: Telephone number Image: Telephone number

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Full Name of Designated Agent										I				1									1			
Mailing Address																										
																			L				_			
						C	:IT)	(STA	ΤE				ZII	ΡC	OD	ιE		
Title or Position																										
											Tele	eph	one	e ni	umt	ber										

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.

CI			
Mailing Address	1445-A LAUGHLIN AVENUE		
			22101
	CITY	STATE	ZIP CODE
Name of Bank, Depos	sitory, etc.		
Mailing Address			
	CITY	STATE	ZIP CODE