(Revised 06/2012)

Only

# STATEMENT OF

PAGE 1 / 14 =

FEC FORM 1			ANIZ/	_						Office	Use O	nlv			
NAME OF     COMMITTEE (ir	n full)	(Check	if name	Example over the	e:If typing, t	ype	121	FE41		Office		iny .			
SAVE AME	RICA		1 1 1 1												
ADDRESS (number a	nd street)	P.O. BOX 1357	<b>'</b> 0												
(Check if a		1			1 1 1 1	1 1 1	1 1	ı	l l	1 1	1 1	ı	1 1	1 1	
is changed	(ג	ARLINGTON					Į VĄ		2:	2219					
		CITY A					STAT	 TE ▲			Z	IP C	ODE 4	<b>_</b>	
COMMITTEE'S E-MA	AIL ADDRE	SS													
(Check if a is changed		SAVEAME	RICA@RED	CURVE.	COM										
	,	Optional Secon	nd E-Mail Add	dress											
COMMITTEE'S WEB  (Check if a is changed	address	WWW.DONALI	OJTRUMP.COI	<b>M</b>		1 1 1				<u>                                     </u>					
2. DATE 0	9 / 07		Y												
3. FEC IDENTIFIC	CATION NU	JMBER ▶	C co	00762591											
4. IS THIS STATEM	MENT	NEW (N)	OR	×	AMENDED	) (A)									
I certify that I have e	examined th	is Statement and	d to the best	of my knov	vledge and I	belief it	is true	, corre	ect ar	nd co	mplet	Э.			
Type or Print Name	of Treasure	CRATE, BRAD	DLEY, T., ,												
Signature of Treasure	er <i>CRAT</i>	E, BRADLEY, T., ,		[Elé	ectronically Fi	led]	Date		09	/	07	/	202		Υ
NOTE: Submission of	false, errone	ous, or incomplet								e pen	alties	of 52	. U.S.0	D. §3	0109
Office Use					further inform						EC F	_	RM 1		_

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. (Complete information below.)	the candidate
Name of Candidate	
Candidate Party Affiliation Office Sought: House Senate President	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 (National, State or subordinate) committee of the Republic	ratic, can, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	ected organization is a:
Corporation Corporation w/o Capital Stock Labo	or Organization
Membership Organization Trade Association Coop	perative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segreg committee. (i.e., nonconnected committee)	ated 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 (Hybrid	I 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 tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(j) 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
Committees Participating in Joint Fundraiser	
1C	
C	

	FEC Form 1 (Revised	02/2009)			Page <b>3</b>
W	rite or Type Committee Name				
<del></del>	Name of Any Connected (	Organization, Affiliated Committee, Joint Ful ERICA GREAT AGAIN COMMITT		esentative, or Leade	rship PAC Sponsor
	Mailing Address	725 FIFTH AVENUE			
		NEW YORK		NY 10022	
		CITY ▲		STATE ▲	ZIP CODE ▲
	Relationship: Connected	d Organization Affiliated Organization	Joint Fundraising	g Representative	Leadership PAC Sponsor
7.	Custodian of Records: Ider books and records.	tify by name, address (phone number optiona	al) and position o	of the person in posses	sion of committee
	CRATE, E	RADLEY, T., ,			
	Full Name				
	Mailing Address	C/O RED CURVE SOLUTIONS			
		138 CONANT ST, STE 201			
		BEVERLY		MA 01915	
		CITY ▲		STATE ▲	ZIP CODE ▲
	Title or Position ▼				
	TREASURER		Telephone nun	nber 617 - L	303   -   6800
3.	Treasurer: List the name an any designated agent (e.g.,	nd address (phone number optional) of the assistant treasurer).	treasurer of the	committee; and the r	name and address of
	I dii I tairio	BRADLEY, T., ,			
	of Treasurer	C/O PED CHEVE COLUTIONS			
	Mailing Address	C/O RED CURVE SOLUTIONS			
		138 CONANT ST, STE 201			
		BEVERLY		MA 01915	
		CITY ▲		STATE ▲	ZIP CODE ▲
	Title or Position ▼				
	TREASURER		Telephone nun	nber 617 - [	303 - 6800

FEC Form 1	(Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent	1	
Mailing Address		
Mailing Address		
Title or Position ▼	CITY ▲ STATE A	▲ ZIP CODE ▲
	Telephone number	
	Depositories: List all banks or other depositories in which the committee deposites or maintains funds.	ts funds, holds accounts, rents
Name of Bank, D	epository, etc.	
	CHAIN BRIDGE BANK, N.A.	
Mailing Address	1445A LAUGHLIN AVE	
	MCLEAN	22101
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.	
	CLASSIC CITY BANK	
Mailing Address	2365 WEST BROAD ST	
	ATHENS   GA	30606
	CITY ▲ STATE 4	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

) or (h). <b>Joint Fundraisin</b>	g Participant:		
1.	<b>, ,</b>	FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
Name of Any Connected	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Sponsor
SAVE AMERICA	JOINT FUNDRAISING COMMITTE	E	
Mailing Address	P.O. BOX 13570		
	ARLINGTON	VA	22219
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connected	d Organization	nt Fundraising Representa	Leadership PAC Sponsor
Full Name	by name, address (phone number – optional)		
Mailing Address			
TITLE OR POSITION	CITY A	STATE ▲	ZIP CODE ▲
	1	Telephone Number	
Banks or Other Deposito safety deposit boxes or matching the Name of Bank, Depository, etc.		n the committee deposit	s funds, holds accounts, rents
	300 S WASHINGTON STREET		
Mailing Address			
	ALEXANDRIA	ı ıVAı	
	CITY A	STATE A	ZIP CODE ▲

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

1.			
		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
MAKE AMERICA	GREAT AGAIN PAC		
	<sub> </sub> P.O. BOX 13570		
Mailing Address			
	ARLINGTON	VA	22219
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Identify	y by name, address (phone number - optional)		
Full Name			
Full Name			
Mailing Address	CITY A	STATE A	ZIP CODE A
	CITY A	STATE A	ZIP CODE A
Mailing Address	CITY A	STATE A	
Mailing Address  TITLE OR POSITION	CITY A	elephone Number	ZIP CODE A
Mailing Address  TITLE OR POSITION	CITY A  Telestries: List all banks or other depositories in which	elephone Number	ZIP CODE A
Mailing Address  TITLE OR POSITION  anks or Other Deposito afety deposit boxes or ma	CITY A  Telestries: List all banks or other depositories in which	elephone Number	ZIP CODE A
Mailing Address  TITLE OR POSITION  anks or Other Deposito afety deposit boxes or mail ame of Bank, epository, etc.	CITY   CITY   To ries: List all banks or other depositories in which aintains funds.	elephone Number	ZIP CODE A
Mailing Address  TITLE OR POSITION  anks or Other Deposito afety deposit boxes or maintain and the state of Bank, SERVI	CITY   CITY   Telestries: List all banks or other depositories in which aintains funds.  ISFIRST BANK	elephone Number	ZIP CODE A
Mailing Address  TITLE OR POSITION  anks or Other Deposito afety deposit boxes or mail ame of Bank, Pepository, etc.	CITY A  CITY A  Teles: List all banks or other depositories in which aintains funds.  ISFIRST BANK  300 GALLERIA PARKWAY SE	elephone Number	ZIP CODE A

## 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	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
-	l Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spon
MAX MILLER VIO	CTORY		
	1 824 S MILLEDGE AVE STE 101		
Mailing Address	624 S WILLEDGE AVE STE 101		
	ATHENS	GA L	30605
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee	nt Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	Affiliated Committee	nt Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)	nt Fundraising Represent	
esignated Agent: Identing Full Name  Mailing Address	fy by name, address (phone number – optional)  CITY		
esignated Agent: Identing Full Name	fy by name, address (phone number – optional)  CITY	STATE A	
esignated Agent: Identii  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or marked to the content of	fy by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identii  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management and ame of Bank,	fy by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in which	STATE A Telephone Number	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.	fy by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Page 8 of

5(a)	or(h). <b>Joint Fundraisin</b>	g Participant:		
- (3)	1.	,	FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	С
	4.			
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative,	or Leadership PAC Sponsor
	Mailing Address	1201 GANDY BLVD N		
		P.O. BOX 23064		
		SAINT PETERSBURG	FL FL	33742
	Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	Connected	Organization Affiliated Committee	Fundraising Representat	ive Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
		1	elephone Number	
9.	Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories in which intains funds.	the committee deposits	funds, holds accounts, rents
	Depository, etc.			
	Depository, etc.			
	Depository, etc.	CITY A	STATE A	ZIP CODE A

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

h). <b>Joint Fundraisin</b>	g Participant:			
1.		FEC ID	number	C
2.		FEC ID	number	С
3.		FEC ID	number	С
4.		FEC ID	number	С
	Organization, Affiliated Committee, Joir	nt Fundraising Rep	esentative	e, or Leadership PAC Spor
TEAM HERSCHE	L VICTORY COMMITTEE			
	□ PO BOX 501707			
Mailing Address				
	ATLANTA		GA	31150
Relationship:	CITY ▲		STATE A	ZIP CODE ▲
	Organization Affiliated Committee  by name, address (phone number – opti	Joint Fundraising	Representa	ative Leadership PAC S
esignated Agent: Identify	Organization Affiliated Committee  by name, address (phone number – opti		Representa	Leadership PAC S
esignated Agent: Identify	_		Representa	Leadership PAC S
esignated Agent: Identify	_		Representa	Leadership PAC S
esignated Agent: Identify	by name, address (phone number – opti	ional)		
esignated Agent: Identify	by name, address (phone number – opti	ional)		
esignated Agent: Identify  Full Name	by name, address (phone number – opti	ional)	TATE A	
esignated Agent: Identify  Full Name	by name, address (phone number – opti	ional)	TATE A	
Full Name	by name, address (phone number – opti	ional)  S  Telephone Nu	TATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor fety deposit boxes or ma	by name, address (phone number – opti	ional)  S  Telephone Nu	TATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor fety deposit boxes or ma	by name, address (phone number – opti	ional)  S  Telephone Nu	TATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor dety deposit boxes or material depository, etc.	by name, address (phone number – opti	ional)  S  Telephone Nu	TATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor dety deposit boxes or material depository, etc.	by name, address (phone number – opti	ional)  S  Telephone Nu	TATE A	ZIP CODE A

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

n). <b>Joint Fundraising</b>					ID		
1.					ID number	=	
2.					ID number	С	
3.				FEC	ID number	C	
4.				FEC	ID number	С	
ame of Any Connected C	Organization, Affil	iated Committe	ee, Joint Fur	ndraising F	Representativ	e, or Lea	ndership PAC Spo
SAVE WYOMING							
Mailing Address	P.O. BOX 4157						
	CHEYENNE				WY	820	003
Relationship:		CITY A			STATE A		ZIP CODE ▲
Connected	Organization	Affiliated Comm		oint Fundrai	sing Represent	ative	Leadership PAC
		Affiliated Comm		oint Fundrais	sing Represent	ative	Leadership PAC
Connected esignated Agent: Identify		Affiliated Comm		pint Fundrais	sing Represent	tative	Leadership PAC
Connected  esignated Agent: Identify  Full Name		Affiliated Comm		pint Fundrais	sing Represent	tative	Leadership PAC
Connected  esignated Agent: Identify  Full Name	by name, address	Affiliated Comm	er — optional)		sing Represent		Leadership PAC
Connected  esignated Agent: Identify  Full Name	by name, address	Affiliated Comm	er — optional)		sing Represent		
Connected  esignated Agent: Identify  Full Name  Mailing Address	by name, address	Affiliated Comm	er — optional)		STATE A		
Connected  esignated Agent: Identify  Full Name  Mailing Address	by name, address	Affiliated Comm	er – optional)	Telephone	STATE A		ZIP CODE A
Connected  esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositori fety deposit boxes or main  ame of Bank,	by name, address	Affiliated Comm	er – optional)	Telephone	STATE A		ZIP CODE A
Connected  esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositori fety deposit boxes or main ame of Bank, epository, etc.	by name, address	Affiliated Comm	er – optional)	Telephone	STATE A		ZIP CODE A

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

(h). <b>Joint Fundrais</b> i	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	d Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spon
TRUMP, DONAL	.D J., , ,		
	<sub> </sub> P.O. BOX 13570		
Mailing Address			
	ARLINGTON	VA VA	22219
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		nt Fundraising Represent	ative X Leadership PAC Sp
	Affiliated Committee Joi Joi fy by name, address (phone number – optional)	nt Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Ident		nt Fundraising Represent	Ative Leadership PAC Sp
esignated Agent: Ident		nt Fundraising Represent	Active Leadership PAC Sp
esignated Agent: Ident	fy by name, address (phone number – optional)	nt Fundraising Represent	Leadership PAC Sp
esignated Agent: Ident Full Name Mailing Address	fy by name, address (phone number – optional)	nt Fundraising Represent	
esignated Agent: Ident	fy by name, address (phone number – optional)		
esignated Agent: Ident Full Name Mailing Address  TITLE OR POSITION anks or Other Deposit afety deposit boxes or n	fy by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in whice	STATE A Telephone Number	ZIP CODE A
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or name of Bank,	fy by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in whice	STATE A Telephone Number	ZIP CODE A
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or name of Bank,	fy by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in whice	STATE A Telephone Number	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address  TITLE OR POSITION anks or Other Deposit afety deposit boxes or name of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in whice	STATE A Telephone Number	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.	fy by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in whice	STATE A Telephone Number	ZIP CODE A

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

TITLE OR POSITION  Banks or Other Depositor Safety deposit boxes or many Name of Bank, Depository, etc.  Mailing Address				s funds, holds accounts, rents
Banks or Other Depositors of Bank, Depository, etc.				s funds, holds accounts, rents
Banks or Other Depositors of Bank, Depository, etc.				s funds, holds accounts, rents
Banks or Other Deposito safety deposit boxes or ma				s funds, holds accounts, rents
Banks or Other Deposito				s funds, holds accounts, rents
TITLE OR POSITION				
TITLE OR POSITION		т. Т.	lephone Number	
	▼ Cl	TY 🛦	STATE ▲	ZIP CODE ▲
Mailing Address				
Full Name				
	y by name, address (phone			
Connecte	d Organization Affiliate	d Committee	Fundraising Representa	
Relationship:		CITY A	STATE ▲	ZIP CODE ▲
	BEVERLY		ı MA	01915
Mailing Address	138 CONANT ST, STE 2	201		
Mailing Address	C/O RED CURVE SOLU	TIONS		
•	Organization, Affiliated C		aising Representative	e, or Leadership PAC Sponso
4.			FEC ID number	C
			FEC ID number	C
3.			FEC ID number	C
2.       3.				

FEC Form 1S (Revised 02/2017)

5(g) o	or(h). <b>Joint Fundraisin</b> g	g Participant:				
	1.		FEC	ID number	С	
	2.		FEC	ID number	С	
	3.		FEC	ID number	С	
	4.		FEC	ID number	С	
6.		Organization, Affiliated Committee, Jo	oint Fundraising R	epresentative	e, or Leadership PAC Spo	onsor
	ALASKA FIRST F	UND 				
		C/O RED CURVE SOLUTIONS				
	Mailing Address	138 CONANT ST, STE 201				
					04045	
		BEVERLY		L MA	01915	
	Relationship:	CITY ▲		STATE ▲	ZIP CODE ▲	
	Connected	Organization Affiliated Committee	Joint Fundraisi	ing Representa	ative Leadership PAC	Sponsor
8.	Designated Agent: Identify	by name, address (phone number - o	otional)			
		,,	, ,			
	Full Name					
	Mailing Address					
	TITLE OR POSITION	▼ CITY ▲		STATE ▲	ZIP CODE ▲	
			Telephone	Number		
	Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories intains funds.	in which the comr	nittee deposit	s funds, holds accounts, re	ents
	Name of Bank,					
	Depository, etc.					
	Mailing Address					
ı		CITY ▲		STATE ▲	ZIP CODE ▲	

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

CITY A  ion Affiliated Committee   Join  Address (phone number – optional)  CITY A	STATE Ant Fundraising Representation of Fundamental State (1988). The fundraising Representation of Fundraising Representation	ZIP CODE A
CITY A  ion Affiliated Committee   Join  Affiliated Committee   CITY A  CITY A  all banks or other depositories in which	STATE A	Leadership PAC Spo
CITY A  ion Affiliated Committee   Join  Affiliated Committee   CITY A  CITY A  all banks or other depositories in which	STATE A	Leadership PAC Spo
CITY A  ion Affiliated Committee   Join  Affiliated Committee   CITY A  CITY A  all banks or other depositories in which	STATE A	Leadership PAC Spo
CITY A  ion Affiliated Committee   Join  Affiliated Committee   CITY A  CITY A  all banks or other depositories in which	STATE A	Leadership PAC Spo
CITY A ion Affiliated Committee   Join Address (phone number – optional)  CITY A	STATE A	Leadership PAC Spo
CITY A  ion Affiliated Committee   Join  Address (phone number – optional)  CITY A	nt Fundraising Represent	Leadership PAC Spo
CITY  ion Affiliated Committee   Join Affiliated Committee   Affiliated  Affiliated Committee   Affiliated Committee   Affiliated Committ	nt Fundraising Represent	Leadership PAC Spo
CITY   ion Affiliated Committee		
CITY A		
	STATE A	ZIP CODE ▲
<b>X</b> - 1	1 1 1	
RLY	, , MA ,	01915
DNANT ST, STE 201		
ED CURVE SOLUTIONS		
ion, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spons
	T EO ID Humber	0
		C
		C
1		C