**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. 1890 PAC P.O. BOX 4157 ADDRESS (number and street) (Check if address is changed) **CHEYENNE** 82003 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS 1890PAC@REDCURVE.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2022 C00799809 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. YOUNG, JASON, , MR., Type or Print Name of Treasurer YOUNG, JASON, , MR., [Electronically Filed] 09 13 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 in	nformation below.)
(b) This committee is an authorized committee, and is NOT a principal campaign information below.)	committee. (Complete the candidate
Name of Candidate	
Candidate Party Affiliation Office Sought: House Senate	State President District
(c) This committee supports/opposes only one candidate, and is NOT an authorize	
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization	n on line 6.) Its connected organization is a:
Corporation Corporation w/o Capital Stock	=
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 committee. (i.e., nonconnected committee)	OT a separate segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
x In addition, this committee is a Leadership PAC. (Identify sponsor or	n line 6.)
(g) This committee is an independent expenditure-only political committee (Super	PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	,
	ution accounts (Hybrid PAC)
	dion accounts (Hybrid FAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburse committees/organizations, at least one of which is an authorized committee of	•
(j) This committee collects contributions, pays fundraising expenses and disburse committees/organizations, none of which is an authorized committee of a federal	•
Committees Participating in Joint Fundraiser	
1.	C

	FEC Form 1 (Revised 0	)2/2009)	Page <b>3</b>
V	/rite or Type Committee Name		. ago <b>o</b>
	1890 PAC		
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	nip PAC Sponsor
	HAGEMAN VICTOR	Y FUND	
	Mailing Address	P.O. BOX 4157	
		1	
		CHEYENNE WY 82003	.  -
		CITY ▲ STATE ▲ 2	ZIP CODE ▲
	вит и По и		
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Representative Lo	eadership PAC Sponso
<u>.</u> 7.	Custodian of Records: Ident books and records.	rify by name, address (phone number optional) and position of the person in possession	on of committee
	YOUNG. JA	ASON, , MR.,	
	Full Name		
	Mailing Address	C/O RED CURVE SOLUTIONS	
		138 CONANT ST, SUITE 201	
		BEVERLY MA 01915	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼	5 5 5 5 5 5 5 5	
	TREASURER		6800
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the nan assistant treasurer).	ne and address of
	Full Name YOUNG, JA	ASON, , MR.,	
	of Treasurer		
	Mailing Address	C/O RED CURVE SOLUTIONS	
		138 CONANT ST, SUITE 201	
		BEVERLY MA 01915	
		CITY ▲ STATE ▲ Z	ZIP CODE A
	Title or Position ▼		
	TREASURER		6800

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	Name of gnated		1 1 1 1	
Mailir	ng Address			
			1 , 1	
		CITY ▲	STATE ▲	ZIP CODE ▲
Title	or Position \		· · · · · · · ·	332
		Telephone nu	mber	
		Depositories: List all banks or other depositories in which the commit es or maintains funds.	tee deposits fo	unds, holds accounts, rents
Name	e of Bank, D	epository, etc.		
		CHAIN BRIDGE BANK, N.A.		
Mailin	ng Address	1445A LAUGHLIN AVE		
		MCLEAN	VA	22101
		CITY ▲	STATE ▲	ZIP CODE ▲
Name	e of Bank, D	epository, etc.		
		SERVISFIRST BANK		
Mailin	ng Address	300 GALLERIA PARKWAY SE		
		SUITE 100		
		ATLANTA	GA	30339
		CITY ▲	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

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h). <b>Joint Fundraisi</b>	ng ranopant.		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4		FEC ID number	С
	d Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spon
SAVE WYOMING	<b>.</b> 		
Mailing Address	P.O. BOX 4157		
	CHEYENNE	WY	82003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connect	ed Organization Affiliated Committee X Join	nt Fundraising Representa	ative Leadership PAC S
	ed Organization Affiliated Committee Join	nt Fundraising Representa	Leadership PAC S
		nt Fundraising Representa	Leadership PAC S
esignated Agent: Identi		nt Fundraising Representa	Leadership PAC S
esignated Agent: Identi		nt Fundraising Representa	Leadership PAC S
esignated Agent: Identi  Full Name  Mailing Address	ify by name, address (phone number – optional)		
esignated Agent: Identi	ify by name, address (phone number – optional)	STATE A	
esignated Agent: Identi  Full Name  Mailing Address	ify by name, address (phone number – optional)		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	ify by name, address (phone number – optional)  CITY A  Cories: 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	ify by name, address (phone number – optional)  CITY A  Cories: 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,	ify by name, address (phone number – optional)  CITY A  Cories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name	ify by name, address (phone number – optional)  CITY A  Cories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name	ify by name, address (phone number – optional)  CITY A  Cories: List all banks or other depositories in which	STATE A Telephone Number	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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(h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
		-	
	l Organization, Affiliated Committee, Joint Fu	ndraising Representativ	ve, or Leadership PAC Spons
HAGEMAN, HAR	.KIE I, , , 		
Mailing Address	P.O. BOX 4157		
	CHEYENNE	wY	82003
		STATE A	ZIP CODE ▲
		oint Fundraising Represent	tative Leadership PAC Spo
Connecte		oint Fundraising Represent	tative Leadership PAC Spo
Connecte  Designated Agent: Identi	ed Organization Affiliated Committee J	oint Fundraising Represent	tative Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name	ed Organization Affiliated Committee J	oint Fundraising Represent	Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name	ed Organization Affiliated Committee J	oint Fundraising Represent	Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name	Affiliated Committee   Affiliated Committee   Type by name, address (phone number – optional phone in the committee option in	oint Fundraising Represent	Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	Affiliated Committee   Affiliated Committee   Type by name, address (phone number – optional phone in the committee option in	oint Fundraising Represent	
Connecte  Designated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite	Affiliated Committee  fy by name, address (phone number – optional)  CITY   CITY   CITY   Dries: List all banks or other depositories in whose desired in the committee of the c	oint Fundraising Represent	ZIP CODE A
Connected  Designated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite that the deposite boxes or make the safety deposite boxes or make	Affiliated Committee  fy by name, address (phone number – optional  CITY   CITY   pries: List all banks or other depositories in whaintains funds.	oint Fundraising Represent	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address  TITLE OR POSITION Deposite afety deposit boxes or make the property of the pro	Affiliated Committee  fy by name, address (phone number – optional of the committee)  CITY   CITY   pries: List all banks or other depositories in what aintains funds.	oint Fundraising Represent  STATE   Telephone Number  ich the committee deposi	ZIP CODE A
Connected  Designated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite that the deposite boxes or make the safety deposite boxes or make	Affiliated Committee  fy by name, address (phone number – optional  CITY   CITY   pries: List all banks or other depositories in whaintains funds.	oint Fundraising Represent  STATE   Telephone Number  ich the committee deposi	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address  TITLE OR POSITION Deposite afety deposit boxes or make the property of the pro	Affiliated Committee  fy by name, address (phone number – optional of the committee)  CITY   CITY   pries: List all banks or other depositories in what aintains funds.	oint Fundraising Represent  STATE   Telephone Number  ich the committee deposi	ZIP CODE A

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

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5(g) (	or(h). <b>Joint Fundraisin</b>	g Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	C
	3.		FEC ID number	C
	4		FEC ID number	C
6.	Name of Any Connected  MAGASEVEN JFO	Organization, Affiliated Committee, Joint Fundra	uising Representative	e, or Leadership PAC Sponsor
	Mailing Address	2200 WILSON BLVD		
		STE 102 NUM 214		
		ARLINGTON	, ,   VA	22201
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	d Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number – optional)		
	Full Name			
	Mailing Address			
	TITLE OR POSITION	CITY A	STATE ▲	ZIP CODE ▲
	TITLE OR POSITION	•		ZIP CODE ▲
9.	Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories in which t	STATE ▲ ephone Number	
9.	Banks or Other Depositor safety deposit boxes or man Name of Bank, Depository, etc.	ries: List all banks or other depositories in which t	STATE ▲ ephone Number	
9.	Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories in which t	STATE ▲ ephone Number	
9.	Banks or Other Depositor safety deposit boxes or man Name of Bank, Depository, etc.	ries: List all banks or other depositories in which t	STATE ▲ ephone Number	
9.	Banks or Other Depositor safety deposit boxes or man Name of Bank, Depository, etc.	ries: List all banks or other depositories in which t	STATE ▲ ephone Number	

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

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(h). Joint Fundraising	Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4		FEC ID number	С
Name of Any Connected (	Organization, Affiliated Committee, Joint Fund Y VICTORY	draising Representative	e, or Leadership PAC Spons
Mailing Address	C/O RED CURVE SOLUTIONS		
<u>J</u>	138 CONANT ST, STE 201		
	BEVERLY	MA MA	01915
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Organization Affiliated Committee	nt Fundraising Representa	ative Leadership PAC Spo
		nt Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identify		nt Fundraising Represent	Leadership PAC Spo
Designated Agent: Identify  Full Name		nt Fundraising Represent	Leadership PAC Spo
Designated Agent: Identify  Full Name		nt Fundraising Representa	Leadership PAC Spo
Designated Agent: Identify  Full Name	by name, address (phone number – optional)	nt Fundraising Representation	Leadership PAC Spo
Designated Agent: Identify  Full Name    Mailing Address	by name, address (phone number – optional)		
Pesignated Agent: Identify  Full Name	by name, address (phone number – optional)  CITY   es: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identify  Full Name	by name, address (phone number – optional)  CITY   es: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A