

FEC
FORM 1STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (in full)(Check if name
is changed)Example: If typing, type
over the lines.

12FE4M5

IOWANS FOR ZACH NUNN

ADDRESS (number and street)

 (Check if address
is changed)

PO BOX 8036

DES MOINES

CITY ▲

IA

50301

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

 (Check if address
is changed)

ZACHNUNN@REDCURVE.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

 (Check if address
is changed)

ZACHNUNN.COM

2. DATE

M M / D D / Y Y Y Y
01 / 30 / 2026

3. FEC IDENTIFICATION NUMBER ►

C C00784389

4. 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.

Type or Print Name of Treasurer CRATE, BRADLEY, T, MR,

Signature of Treasurer

CRATE, BRADLEY, T, MR,

Date

M M / D D / Y Y Y Y
01 / 30 / 2026NOTE: 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
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100FEC FORM 1
(Revised 06/2012)

Write or Type Committee Name

IOWANS FOR ZACH NUNN

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

FRESHMAN AGRICULTURAL REPUBLICAN MEMBERS TRUST AKA FARM TRUST

Mailing Address

PO BOX 30844

BETHESDA

MD

20824

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: Connected Organization Affiliated Organization 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.

Full Name

CRATE, BRADLEY, T, MR,

Mailing Address

C/O RED CURVE SOLUTIONS

138 CONANT ST, STE 401

BEVERLY

MA

01915

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

TREASURER

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
of Treasurer

CRATE, BRADLEY, T, MR,

Mailing Address

C/O RED CURVE SOLUTIONS

138 CONANT ST, STE 401

BEVERLY

MA

01915

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

TREASURER

Telephone number

617 - 303 - 6800

Full Name of
Designated
Agent

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Telephone number

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.

TRUIST/BB&T

Mailing Address

1445 NEW YORK AVE, NW

4TH FL

WASHINGTON

DC

20005

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

CHAIN BRIDGE BANK, N.A.

Mailing Address

1445-A LAUGHLIN AVE

MCLEAN

VA

22101

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1. <input type="text"/>	FEC ID number
2. <input type="text"/>	FEC ID number
3. <input type="text"/>	FEC ID number
4. <input type="text"/>	FEC ID number

<input type="text"/> C

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

GROW THE MAJORITY

<input type="text"/>
<input type="text"/>

Mailing Address

228 S WASHINGTON ST STE 115

<input type="text"/>
<input type="text"/>

ALEXANDRIA

VA

22314

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name <input type="text"/>

Mailing Address <input type="text"/>
<input type="text"/>

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

<input type="text"/>	Telephone Number <input type="text"/> - <input type="text"/> - <input type="text"/>
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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. CLASSIC CITY BANK

Mailing Address <input type="text"/>
<input type="text"/>

ATHENS <input type="text"/>	GA <input type="text"/>	30606 <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1. <input type="text"/>	FEC ID number
2. <input type="text"/>	FEC ID number
3. <input type="text"/>	FEC ID number
4. <input type="text"/>	FEC ID number

<input type="text"/> C

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

EMMER MAJORITY BUILDERS

<input type="text"/>
<input type="text"/>

Mailing Address

824 S. MILLEDGE AVE. STE. 101

<input type="text"/>
<input type="text"/>

ATHENS

GA

30605

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)Full Name Mailing Address

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone Number - - 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. **WELLS FARGO BANK**Mailing Address **8302 WOODMONT AVE**

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

BETHESDA

MD

20814

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1. _____
2. _____
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FEC ID number

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FEC ID number

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FEC ID number

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FEC ID number

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

AMERICAN BATTLEGROUNDFUND

Mailing Address

PO BOX 30844

BETHESDA

MD

20824

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

 Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name _____

Mailing Address _____

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone Number _____ - _____ - _____

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. _____

Mailing Address _____

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

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FEC ID number

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FEC ID number

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FEC ID number

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

PFIENDS OF PFLUGER

Mailing Address

PO BOX 30844

BETHESDA

MD

20824

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

 Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor
8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name _____

Mailing Address _____

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone Number _____ - _____ - _____

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Depository, etc. _____Mailing Address _____

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

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FEC ID number

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FEC ID number

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FEC ID number

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FEC ID number

 C6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

GT FARM TEAM 2024

Mailing Address

PO BOX 30844

BETHESDA

MD

20824

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

 Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name _____

Mailing Address _____

CITY ▲

STATE ▲

ZIP CODE ▲

TITLE OR POSITION ▼

Telephone Number _____ - _____ - _____

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Depository, etc. _____Mailing Address _____

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1. <input type="text"/>	FEC ID number
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3. <input type="text"/>	FEC ID number
4. <input type="text"/>	FEC ID number

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

SCALISE LEADERSHIP FUND 2024

<input type="text"/>
<input type="text"/>

Mailing Address

320 1ST ST SE

<input type="text"/>
<input type="text"/>

WASHINGTON

DC

20003

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name <input type="text"/>

Mailing Address <input type="text"/>
<input type="text"/>

<input type="text"/>
<input type="text"/>

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

<input type="text"/>	Telephone Number <input type="text"/> - <input type="text"/> - <input type="text"/>
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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. <input type="text"/>
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Mailing Address <input type="text"/>
<input type="text"/>

<input type="text"/>
<input type="text"/>

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

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FEC ID number

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FEC ID number

 C

FEC ID number

 C6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

SCOTT FRANKLIN WINGMAN FUND

Mailing Address

P.O. BOX 2811

LAKELAND

FL

33806

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲



Connected Organization



Affiliated Committee



Joint Fundraising Representative



Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

Mailing Address

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone Number - - 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.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

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FEC ID number

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FEC ID number

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FEC ID number

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FEC ID number

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

TEAM NUNN

Mailing Address

PO BOX 8036

DES MOINES

IA

50301

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

 Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name _____

Mailing Address _____

CITY ▲

STATE ▲

ZIP CODE ▲

TITLE OR POSITION ▼

Telephone Number _____ - _____ - _____

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Depository, etc. _____Mailing Address _____

CITY ▲

STATE ▲

ZIP CODE ▲

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3. <input type="text"/>	FEC ID number
4. <input type="text"/>	FEC ID number

<input type="text"/> C

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

DEFEND OUR MAJORITY

<input type="text"/>
<input type="text"/>

Mailing Address

320 FIRST ST SE

<input type="text"/>
<input type="text"/>

WASHINGTON

DC

20003

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name <input type="text"/>

Mailing Address <input type="text"/>
<input type="text"/>

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

<input type="text"/>	Telephone Number <input type="text"/> - <input type="text"/> - <input type="text"/>
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Name of Bank, Depository, etc. <input type="text"/>
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Mailing Address <input type="text"/>
<input type="text"/>

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

CITY ▲

STATE ▲

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FEC ID number

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FEC ID number

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FEC ID number

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FEC ID number

C

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

IOWA VICTORY FUND

Mailing Address

824 S. MILLEDGE AVE STE 101

ATHENS

GA

30605

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

 Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor
8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name _____

Mailing Address _____

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

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CITY ▲

STATE ▲

ZIP CODE ▲

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FEC ID number

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FEC ID number

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

TEAM HUDSON

Mailing Address

824 S MILLEDGE AVE, STE 101

ATHENS

GA

30605

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

 Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor
8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name _____

Mailing Address _____

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone Number _____ - _____ - _____

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Depository, etc. _____Mailing Address _____

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

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3. <input type="text"/>	FEC ID number
4. <input type="text"/>	FEC ID number

C <input type="text"/>

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

PATRIOT PROTECTION COUNCIL

Mailing Address

421 OFFICE PARK DR

MOUNTAIN BROOK

AL

35223

STATE ▲

ZIP CODE ▲

Relationship:

CITY ▲

 Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor8. **Designated Agent:** Identify by name, address (phone number – optional)

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone Number - - 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.

CITY ▲

STATE ▲

ZIP CODE ▲