Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) AUREL LEE FOR CONGRESS, INC. P.O. BOX 2743 ADDRESS (number and street) (Check if address is changed) BRANDEN 33509 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS LAURELLEEFORCONGRESS@REDCURVE.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) WWW.VOTELAUREL.COM (Check if address is changed) DATE 10 2022 C00815373 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., MR., Type or Print Name of Treasurer CRATE, BRADLEY, T., MR., [Electronically Filed] Date 10 10 2022 Signature of Treasurer 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

E	EC Form 1 (Revised 03/2022)	Page 2
	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 the information below.)	candidate
	Name of Candidate LEE, LAUREL, , MRS.,	
	Candidate Party Affiliation REP Sought: House Senate President	State FL District 15
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	73
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican, e	etc.) Party
	Political Action 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 Org	janization
	Membership Organization Trade Association Cooperation	ve
	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 committee. (i.e., nonconnected committee)	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 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 two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Committees Participating in Joint Fundraiser	
	1C	
	C	

I	FEC Form 1 (Revised 0	2/2009)		Page 3
٧	Vrite or Type Committee Name			
<u> </u>		FOR CONGRESS, INC. ganization, Affiliated Committee, Joint Fundraising Repres	econtativo or Loa	dership BAC Spansor
0.	BILIRAKIS LEE VICT	-	Sentative, or Lead	uership PAC Sponsor
		PO BOX 606		
	Mailing Address			
		TARPON SPRINGS	FL 346	88
		CITY ▲	STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising	Representative	Leadership PAC Sponse
	_			
_				
7.	books and records.	fy by name, address (phone number optional) and position of	the person in poss	session of committee
	CRATE. BR	ADLEY, T., MR.,		
	Full Name			
	Mailing Address	C/O RED CURVE SOLUTIONS		
	Walling / Idai 000	138 CONANT STREET - SUITE 201		
		BEVERLY	MA 040	45
		BEVERLY	MA 019	115
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	TREASURER	Telephone numb	ber 617 -	- 303 - 6800
_				
8.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the essistant treasurer).	committee; and the	e name and address of
	Full Name CRATE, BR	ADLEY, T., MR.,		
	of Treasurer			
	Mailing Address	C/O RED CURVE SOLUTIONS		
		138 CONANT STREET - SUITE 201		
		BEVERLY	MA 019	15
	Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
	TREASURER		ı 617 ı	303 6800
	INLASURER	Telephone numb	ber	

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Full Name of Designated Agent		
Mailing Address		
Title or Position	CITY ▲ STATE ▲	ZIP CODE ▲
	Depositories: List all banks or other depositories in which the committee deposits funds, hold xes or maintains funds.	ds accounts, rents
Name of Bank, D	pepository, etc.	
	CHAIN BRIDGE BANK, N.A.	
Mailing Address	1445A LAUGHLIN AVENUE	
	MCLEAN VA 22101	
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.	
	EVOLVE BANK & TRUST	
Mailing Address	301 SHOPPINGWAY BOULEVARD	
	WEST MEMPHIS AR 72301	
	CITY ▲ STATE ▲	ZIP CODE ▲

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

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h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	raising Poprosontative	o or Loadorchin DAC Snon
LEE FOR FL-15	Organization, Anniated Committee, Comt Fundi	aising hepresemative	e, or Leadership PAC Spor
1			
Mailing Address	PO BOX 30844		
	BETHESDA	MD	20824
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		t Fundraising Representa	ative Leadership PAC Sp
	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
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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 Telepries: List all banks or other depositories in which aintains funds. ST 1445 NEW YORK AVE, NW	STATE A	ZIP CODE A

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

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h). Joint Fundraisi r		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
LAUREL LEE VIC	CTORY FUND		
	P.O. BOX 2743		
Mailing Address			
	BRANDON	FI .	33509
Dalatianakin		J. J. FL	
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee Joint y by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	Leadership PAC Sp
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esignated Agent: Identif	y by name, address (phone number – optional)	Fundraising Representation	Leadership PAC Spanish
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esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of Bank, epository, etc.	y by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A

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

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nformation 8 and/or 9 Page $\frac{7}{}$ of $\frac{8}{}$

5(g) or ((h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	С
	4.		FEC ID number	С
6. N		Organization, Affiliated Committee, Joint Fundra N WINGMAN FUND	ising Representative	e, or Leadership PAC Sponsor
	SCOTT FRANKLI	N WINGMAN FUND		
	Mailing Address	P.O. BOX 2811		
		LAKELAND	FL	33806
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint I	Fundraising Representa	ative Leadership PAC Sponso
_				
— В. D	esignated Agent: Identify	by name, address (phone number – optional)		
		by name, address (phone number – optional)		
 3. D	Full Name	by name, address (phone number – optional)		
— 3. D	Full Name			
	Full Name	CITY	STATE A	ZIP CODE A
	Full Name	CITY A		
). B sa N	Full Name Mailing Address TITLE OR POSITION	CITY A Tele ries: List all banks or other depositories in which the	STATE ▲ ephone Number	ZIP CODE A
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—). B sa N	Full Name Mailing Address TITLE OR POSITION Lanks or Other Depositor afety deposit boxes or mailane of Bank, depository, etc.	CITY A Tele ries: List all banks or other depositories in which the	STATE ▲ ephone Number	ZIP CODE A
). B sa N	Full Name Mailing Address TITLE OR POSITION Lanks or Other Depositor afety deposit boxes or mailane of Bank, depository, etc.	CITY A Tele ries: List all banks or other depositories in which the	STATE ▲ ephone 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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2.		FEC ID number	C
		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected (Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spon
NRCC FLORIDA V	'ICTORY		
Mailing Address	228 S. WASHINGTON STREET		
Ü	SUITE 115		
	ALEXANDRIA	VA	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Full Name	by name, address (phone number – optional)		
Mailing Address			
	1		1
TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
TITLE OR POSITION	Y	STATE ▲	ZIP CODE A
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anks or Other Depositorial afety deposit boxes or main ame of Bank, epository, etc.	Tes: List all banks or other depositories in which	elephone Number	