Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. ONSERVATIVE SQUAD PO BOX 4569 ADDRESS (number and street) (Check if address is changed) MONTGOMERY 36103 ALCITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS CONSERVATIVESQUAD@REDCURVE.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2019 C00730770 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,, Type or Print Name of Treasurer CRATE, BRADLEY, T,, [Electronically Filed] 12 12 2019 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. 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

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		OMMITTEE	
	ndidate	Committee:	
(a)	Ш	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. (Cominformation below.)	olete the candidate
	ne of didate		
	didate y Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	ne of didate		
Par	ty Con	nmittee:	_
(d)			(Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected 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 se committee. (i.e., nonconnected committee)	gregated 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.)	
Joir	nt Fund	raising Representative:	
(g)	×	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		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
	Com	mittees Participating in Joint Fundraiser	
	1.	JESSICA TAYLOR FOR CONGRESS, INC. FEC ID number C C00	723759
	2.	FISCHBACH FOR CONGRESS FEC ID number C C007	717959
	3.	NANCY MACE FOR CONGRESS FEC ID number C C007	710103
	4.	BETH VAN DUYNE FOR CONGRESS FEC ID number C C007	14865

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Write or Type Committee Na	ame	
CONSERVAT	IVE SQUAD	
	d Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee Joint Fundraising Representative	e Leadership PAC Sponsor
 Custodian of Records: In books and records. 	Identify by name, address (phone number optional) and position of the pers	on in possession of committee
CRATE	E, BRADLEY, T, ,	
	138 CONANT STREET	
Mailing Address	2ND FLOOR	
	BEVERLY	01915
Title or Position	CITY STATE	ZIP CODE
TREASURER	Telephone number	7 303 6800
Treasurer: List the name any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; arg., assistant treasurer).	nd the name and address of
Full Name CRATE of Treasurer	E, BRADLEY, T, ,	
Mailing Address	138 CONANT STREET	
	2ND FLOOR	
		01915
Title or Position TREASURER	CITY STATE 617 Telephone number	ZIP CODE 7 303 6800

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Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position	Telephone number	
Banks or Other safety deposit bo Name of Bank, I	Depositories: List all banks or other depositories in which the committee deposits funds, hoxes or maintains funds. Depository, etc. CHAIN BRIDGE BANK	holds accounts, rents
Mailing Address	1445 LAUGHLIN AVE	
Mailing Address	1445 LAUGHLIN AVE	
Mailing Address		01
Mailing Address	UNIT A	01 ZIP CODE
Mailing Address Name of Bank, I	UNIT A MCLEAN CITY STATE	
	UNIT A MCLEAN CITY STATE	ZIP CODE
	UNIT A MCLEAN CITY STATE Depository, etc.	ZIP CODE
Name of Bank, I	UNIT A MCLEAN CITY STATE Depository, etc.	ZIP CODE
Name of Bank, I	UNIT A MCLEAN CITY STATE Depository, etc.	ZIP CODE