PAGE 1 / 4

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. COMMITTEE TO ELECT JESSE BROWN INC PO Box 1311 ADDRESS (number and street) (Check if address is changed) Plymouth 02362 MA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS treasurer@jessebrownforcongress.com (Check if address is changed) Optional Second E-Mail Address JESSEBROWNFORCONGRESS@REDCURVE.COM COMMITTEE'S WEB PAGE ADDRESS (URL) www.jessebrownforcongress.com (Check if address is changed) DATE 2021 C00771709 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. MANZELLI, JANE, A,, Type or Print Name of Treasurer MANZELLI, JANE, A,, [Electronically Filed] 07 28 2021 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 Only

Local 202-694-1100

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	Form 1 (Revised 02/2009)	Page 2
	COMMITTEE te Committee:	
(a) <b>x</b>	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. (Con information below.)	nplete the candidate
Name of Candidate	Brown, Jesse, , ,	
Candidate Party Affilia	ation REP Office Sought: * House Senate President	State MA District 09
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co	ommittee:	
(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 on line 6.) Its connected organization on line 6.)	nnected 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 s committee. (i.e., nonconnected committee)	egregated 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.)	
Joint Fur	ndraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Co	mmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

FEC <b>Form 1</b> (Revised 0	12/2009)		Page <b>3</b>
Write or Type Committee Name			<u> </u>
COMMITTEE T	O ELECT JESSE BRO	WN INC	
6. Name of Any Connected O	rganization, Affiliated Committee, Joint Fu	ındraising Representati	ve, or Leadership PAC Sponsor
NONE			
Mailing Address			
Ç			
	CITY	STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee J	oint Fundraising Represe	entative Leadership PAC Sponsor
. Custodian of Records: Iden books and records.	tify by name, address (phone number opt	onal) and position of the	e person in possession of committee
CRATE, BI	RADLEY, T, MR,		
Mailing Address	C/O RED CURVE SOLUTIONS		
Mailing Address	138 CONANT STREET SECOND FLOOR		
	BEVERLY	MA MA	01915
Title or Position	CITY	STATE	ZIP CODE
ASSISTANT TREASURER		Telephone number	617
B. <b>Treasurer:</b> List the name and any designated agent (e.g., a	I address (phone number optional) of the ssistant treasurer).	treasurer of the commit	ee; and the name and address of
Full Name MANZELLI of Treasurer	, JANE, A, ,		
Mailing Address	36 WILDFLOWER LANE		
	YARMOUTH PORT	MA	02675
Title or Position	CITY	STATE	ZIP CODE
TREASURER		Telephone number	508 - 965 - 7444

	n 1 (Revised 02/2009)	Page <b>4</b>			
Full Name of Designated Agent	CRATE, BRADLEY, T, ,				
Mailing Address	C/O RED CURVE SOLUTIONS				
J	138 CONANT STREET SECOND FLOOR				
	BEVERLY MA 01915  CITY STATE	ZIP CODE			
Title or Position ASSISTANT TR	REASURER Telephone number 617 -	303   -   6800			
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.  CHAIN BRIDGE BANK, N.A.					
	CHAIN BRIDGE BANK, N.A.				
Mailing Address	CHAIN BRIDGE BANK, N.A.  1445-A LAUGHLIN AVE				
Mailing Address					
Mailing Address					
Mailing Address	1445-A LAUGHLIN AVE  MCLEAN  VA 22101	ZIP CODE			
Mailing Address  Name of Bank, D	MCLEAN VA 22101  CITY STATE	ZIP CODE			
	MCLEAN VA 22101  CITY STATE	ZIP CODE			
	MCLEAN VA 22101  CITY STATE	ZIP CODE			
Name of Bank, C	MCLEAN VA 22101  CITY STATE	ZIP CODE			
Name of Bank, C	MCLEAN VA 22101  CITY STATE	ZIP CODE			