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. VAN DREW FOR CONGRESS PO BOX 671 ADDRESS (number and street) (Check if address is changed) CAPE MAY COURT HOUSE 08210 NJ CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address JEFFVANDREW@REDCURVE.COM is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) HTTPS://WWW.VANDREWFORCONGRESS.COM (Check if address is changed) DATE 2023 C00661868 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. Type or Print Name of Treasurer CRATE, BRADLEY, T, MR, CRATE, BRADLEY, T, MR, Date 10 13 2023 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	C 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 VAN DREW, JEFF, , MR,	
	Candidate Party Affiliation REP Office Sought: House Senate President	State NJ District 02
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee:	
	(Mational, 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	ganization
	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	
	1. C	

	VAN DREW FOR Name of Any Connected Or SOUTH JERSEY FIR	rganization, Affiliated Committee, Joint	Fundraising Representative or L	
6.	Name of Any Connected Or	rganization, Affiliated Committee, Joint	Fundraicing Representative or L	
6.	-		Fundraising Representative or L	
	SOUTH JERSEY FIR	2ST	rundiaising nepresentative, or L	eadership PAC Sponsor
		·		
	Mailing Address	C/O RED CURVE SOLUTIONS		
		138 CONANT STREET 2ND FLOOR		
		BEVERLY	, MA	01915
		CITY ▲	CTATE A	7ID CODE A
			STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization	X Joint Fundraising Representative	Leadership PAC Spons
	Custodian of Records: Identi books and records.	ify by name, address (phone number opti	onal) and position of the person in p	ossession of committee
	CRATE. BF	RADLEY, T, MR,		
	Full Name			
	Mailing Address	C/O RED CURVE SOLUTIONS		
		138 CONANT ST, SUITE 401		
		BEVERLY	ı ıMA ı ı	01915
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	TREASURER		Telephone number 617	6800
	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of tassistant treasurer).	he treasurer of the committee; and	the name and address of
	Full Name CRATE, BF	RADLEY, T, MR,		
	of Treasurer			
	Mailing Address	C/O RED CURVE SOLUTIONS		
		138 CONANT ST, SUITE 401		
		BEVERLY	MA L	01915
	Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
	TREASURER	1	Telephone number 617	303 6800

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Full Name of Designated Agent Mailing Address	C/O RED CURVE SOLUTIONS 138 CONANT ST, SUITE 401 BEVERLY	MA MA	01915
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
ASSISTANT TREAS	SURER Telep	hone number 617	
Banks or Other De safety deposit boxes	positories: List all banks or other depositories in which the s or maintains funds.	committee deposits fund	ds, holds accounts, rents
Name of Bank, Dep	ository, etc.		
Mailing Address	CHAIN BRIDGE BANK 1445-A LAUGHLIN AVE MCLEAN		22101
	CITY A	STATE A	ZIP CODE ▲
Name of Bank, Dep	ository, etc.		
V	Vells Fargo Bank		
Mailing Address	8302 Woodmont Avenue		
	Bethesda	MD L	20814
	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). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
lame of Any Connector	l Organization, Affiliated Committee, Joint Fun	draising Benresentativ	o or Leadershin DAC Snow
Take Back the Hous			
Mailing Address	PO Box 30844		
	Bethesda	MD	20824
Dolotionobine	CITY A	STATE ▲	ZIP CODE ▲
		int Fundraising Represent	ative Leadership PAC Sp
Connecte	ed Organization Affiliated Committee X Jo	int Fundraising Represent	ative Leadership PAC Sp
Connecte esignated Agent: Identi	ed Organization Affiliated Committee X Jo	int Fundraising Represent	ative Leadership PAC Sp
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esignated Agent: Identi	ed Organization Affiliated Committee X Jo	int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	Affiliated Committee X Jo	int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	Affiliated Committee X Jo fy by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	Affiliated Committee	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification of Position of Bank, epository, etc.	Affiliated Committee	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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	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
ame of Any Connected	l Organization, Affiliated Committee, Joint Fund	draising Representative	e. or Leadership PAC Spon
KEAN/VAN DREW 2			,
Mailing Address	PO BOX 999		
	EDISON	NJ NJ	08818
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)		
	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	CITY	STATE A	ZIP CODE A
Full Name	CITY A	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	CITY ▲ CITY ▲ pries: List all banks or other depositories in which aintains funds.	Telephone Number	s funds, holds accounts, rent
Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or mame of Bank,	CITY ▲ CITY ▲ pries: List all banks or other depositories in which aintains funds.	Telephone Number	s funds, holds accounts, rent
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY ▲ CITY ▲ pries: List all banks or other depositories in which aintains funds.	Telephone Number	s funds, holds accounts, rent
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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). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected	l Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spon
CONGRESS NJ			
Mailing Address	PO BOX 999		
	EDISON	NJ NJ	08818
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee X J	loint Fundraising Represent	ative Leadership PAC Sp
			ative Leadership PAC Sp
esignated Agent: Identi			ative Leadership PAC Sp
esignated Agent: Identi			ative Leadership PAC Sp
esignated Agent: Identi			ative Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)		ZIP CODE A
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Identification Full Name Mailing Address	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	ZIP CODE A
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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 pries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	ZIP CODE A
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 pries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	ZIP CODE A