

NOTIFICATION OF MULTICANDIDATE STATUS

(See reverse side for instructions)
This form should be filed after the Committee qualifies as a multicandidate committee.

1. (a) NAME OF COMMITTEE IN FULL ANTI-WOKE FUND		
(b) Number and Street Address C/O RED CURVE SOLUTIONS 138 CONANT ST, STE 401		2. FEC IDENTIFICATION NUMBER C00894717
(c) City, State and ZIP Code BEVERLYMA01915		3. TYPE OF COMMITTEE (check one) ☐ STATE PARTY ☒ OTHER

I certify that **one** of the following situations is correct (complete line 4 or 5):

4. **STATUS BY AFFILIATION:** The committee submitted its Statement of Organization (FEC FORM 1) on _____ and simultaneously qualified as a multicandidate committee through its affiliation with:

Committee Name: _____

FEC Identification Number: _____.

5. **STATUS BY QUALIFICATION:**
(a) **Candidates:** The committee has made contributions to the five (5) federal candidates listed below (ONLY State party committees may leave this blank.):

	Name	Office Sought	State/District	Date
(i)	TIMMONS, WILLIAM R IV, R, , IV	House	SC04	09/12/2025
(ii)	JACKSON, RONNY LYNN, , ,	House	TX13	09/12/2025
(iii)	GREENE, MARJORIE TAYLOR, , ,	House	GA14	09/12/2025
(iv)	BRECHEEN, JOSH, , ,	House	OK02	09/12/2025
(v)	BOEBERT, LAUREN, , ,	House	CO04	09/12/2025

(b) **Contributors:** The committee received a contribution from its 51st contributor on: 02/02/2025 .

(c) **Registration:** The committee has been registered for at least 6 months. FEC FORM1 was submitted on: 01/03/2025 .

(d) **Qualification:** The committee met the above requirements on: 09/12/2025 .

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 YOUNG, JASON, , MR,	SIGNATURE OF TREASURER YOUNG, JASON, , MR,	DATE 09/25/2025
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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.