Only

STATEMENT OF

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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) RON JOHNSON FOR SENATE, INC. PO BOX 1159 ADDRESS (number and street) (Check if address is changed) **OSHKOSH** 54903 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS RONJOHNSON@REDCURVE.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) RONJOHNSONFORSENATE.COM (Check if address is changed) DATE 2022 C00482984 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. YOUNG, JASON, , MR., Type or Print Name of Treasurer YOUNG, JASON, , MR., [Electronically Filed] 2022 Signature of Treasurer Date 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 JOHNSON, RON, HAROLD, MR.,						
	Candidate Party Affiliation REP Sought: House Senate President	State WI District 00					
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.						
	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	anization					
	Membership Organization Trade Association Cooperation	/e					
	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						

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٧	Vrite or Type Committee N		
_	RON JOHNS	SON FOR SENATE, INC.	
6.	Name of Any Connecte CORNYN VICTO	ed Organization, Affiliated Committee, Joint Fundraising Represe	entative, or Leadership PAC Sponsor
	Mailing Address	PO BOX 13026	
		AUSTIN	TX 78711 - - -
		CITY ▲ S	TATE ▲ ZIP CODE ▲
	Relationship: Conne	ected Organization Affiliated Organization X Joint Fundraising R	
	Tiolationship.	Allillated Organization	Ecadership 170 Oponso
	Custodian of Records:	Identify by name, address (phone number optional) and position of the	he person in possession of committee
	books and records.		To person in personal in ordination
	CRATI	E, BRADLEY, T., MR.,	
	Full Name		
	Mailing Address	C/O RED CURVE SOLUTIONS	
	•	138 CONANT STREET, STE 401	
		BEVERLY	MA 01915
		CITY ▲ S	TATE ▲ ZIP CODE ▲
	Title or Position ▼		
	ASSISTANT TREASURE	R Telephone number	er 617 – 303 – 6800
8.	Treasurer: List the name any designated agent (e	e and address (phone number optional) of the treasurer of the co.g., assistant treasurer).	ommittee; and the name and address of
	Full Name YOUN	IG, JASON, , MR.,	
	of Treasurer		
	Mailing Address	C/O RED CURVE SOLUTIONS	
		138 CONANT STREET, STE 401	
		BEVERLY	MA 01915
		CITY ▲ S	TATE ▲ ZIP CODE ▲
	Title or Position ▼		
	TREASURER	Telephone numbe	er 617 – 303 – 6800

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Full Name of Designated Agent Mailing Address	CRATE, BRADLEY, T., MR., C/O RED CURVE SOLUTIONS 138 CONANT STREET, STE 401 BEVERLY	MA	01915
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
ASSISTANT TRE	ASURER Telephone nu	umber 61	7 - 303 - 6800
	Depositories: List all banks or other depositories in which the commixes or maintains funds.	ttee deposits fu	ands, holds accounts, rents
Name of Bank, D	Depository, etc.		
Mailing Address	CHAIN BRIDGE BANK 1445-A LAUGHLIN AVE MCLEAN CITY	VA STATE A	22101 ZIP CODE A
Name of Bank, D	Depository, etc.		
Mailing Address	US BANK 111 N MAIN STREET		
	OSHKOSH	WI	54901-4812
	CITY ▲	STATE ▲	ZIP CODE ▲

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

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or(h). Joint Fundraisir	g Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4		FEC ID number	C
	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
RON JOHNSON	VICTORY		
Mailing Address	PO BOX 1159		
	OSHKOSH		54903
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Commodic	d Organization Affiliated Committee	Fundraising Representa	ttive Leadership PAC Spons
Designated Agent: Identif	y by name, address (phone number – optional)		
Designated Agent: Identif	y by name, address (phone number – optional)		
	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE A	ZIP CODE A
Full Name _ _	CITY CITY Tel ries: List all banks or other depositories in which taintains funds.	lephone Number	
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or mail Name of Bank, TRUIS	CITY CITY Tel ries: List all banks or other depositories in which taintains funds.	lephone Number	
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or mail to the composition of Bank, Depository, etc.	CITY CITY Tel ries: List all banks or other depositories in which taintains funds.	lephone Number	
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or mail to the composition of Bank, Depository, etc.	CITY CITY Tel ries: List all banks or other depositories in which taintains funds.	lephone Number	

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

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h). Joint Fundraising				1	FF0 15	,			
1.					FEC ID		C		+
2.					FEC ID	number	С		-
3.					FEC ID	number	C		_
4.					FEC ID	number	C		_
ame of Any Connected (_	iated Commi	ittee, Joint	Fundrais	sing Repr	esentativ	e, or Lea	ndership PAC S	pon
TAKE BACK THE	SENATE								
Mailing Address	PO BOX 9891								1
	ARLINGTON					_ VA 	222	219	
Relationship:		CITY	A			STATE A		ZIP CODE	
	Organization	Affiliated Com		Joint Fu	undraising	Represent	ative	Leadership PAG	
		Affiliated Com	mittee X	_	undraising	Represent	ative	Leadership PAG	
Connected esignated Agent: Identify		Affiliated Com	mittee X	_	undraising	Represent	ative	Leadership PAG	
Connected esignated Agent: Identify Full Name		Affiliated Com	mittee X	_	undraising	Represent	ative	Leadership PAG	
Connected esignated Agent: Identify Full Name		Affiliated Com	ber – option	nal)		Represent		Leadership PAG	C S
connected esignated Agent: Identify Full Name Mailing Address	by name, address	Affiliated Com	ber – option	nal)		Represent			C S
Connected esignated Agent: Identify Full Name	by name, address	Affiliated Com	ber – option	nal)		TATE A			C S _I
connected esignated Agent: Identify Full Name Mailing Address	by name, address	Affiliated Com	ber – option	nal)	S'ohone Nur	TATE A		ZIP CODE A	C S
Esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION Enks or Other Depositor of the deposit boxes or main the main arms of Bank,	by name, address	Affiliated Com	ber – option	nal)	S'ohone Nur	TATE A		ZIP CODE A	C S
Esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or mail ame of Bank, epository, etc.	by name, address	Affiliated Com	ber – option	nal)	S'ohone Nur	TATE A		ZIP CODE A	C S _I

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

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Mailing Address	228 S. WASHINGTON STREET		
	SUITE 115 ALEXANDRIA	VA	22314
Relationship:	CITY A	STATE A	ZIP CODE ▲
esignated Agent: Identif	y by name, address (phone number – optional)		
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name	CITY	STATE A	ZIP CODE A

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

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	g Participant:		0
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
-	Organization, Affiliated Committee, Joint Fundra CLASSIC COMMITTEE	aising Representative	e, or Leadership PAC Spon
Mailing Address	228 S. WASHINGTON STREET		
	SUITE 115		
	ALEXANDRIA	, VA	22314
Relationship:	CITY ▲	STATE A	ZIP CODE A
		Fundraising Representa	
esignated Agent: Identify	by name, address (phone number - optional)		
Full Name	by name, address (phone number – optional)		
	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name			
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	CITY A	elephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor	CITY Te ies: List all banks or other depositories in which	elephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor of the deposit boxes or main the deposit boxes or m	CITY Te ies: List all banks or other depositories in which	elephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or main arme of Bank,	CITY Te ies: List all banks or other depositories in which	elephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or main arme of Bank,	CITY Te ies: List all banks or other depositories in which	elephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mai ame of Bank, epository, etc.	CITY Te ies: List all banks or other depositories in which	elephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or main ame of Bank, epository, etc.	CITY Te ies: List all banks or other depositories in which	elephone Number	

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

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h). Joint Fundraisin	g Participant:				
1.			F	EC ID number	C
2.			F	EC ID number	С
3.			F	EC ID number	С
4.			F	EC ID number	C
		I Committee, Join	t Fundraisin	g Representativ	re, or Leadership PAC Spor
RED VICTORY 22					
Mailing Address	PO BOX 183				
	HUDSON		1 1 1 1	WI	54016
Relationship:		CITY A		STATE A	ZIP CODE ▲
П.			_		
				Iraising Represent	tative Leadership PAC S
				Iraising Represent	tative Leadership PAC S
esignated Agent: Identify				Iraising Represent	tative Leadership PAC S
esignated Agent: Identify				Iraising Represent	tative Leadership PAC S
esignated Agent: Identify	by name, address (pho		onal)		tative Leadership PAC S
esignated Agent: Identify	by name, address (pho	one number – optic	onal)		
esignated Agent: Identify Full Name	by name, address (pho	one number – optic	onal)		
Full Name	by name, address (pho	one number – optic	onal)	STATE A	
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or ma	by name, address (pho	one number – optic	onal)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or ma	by name, address (pho	one number – optic	onal)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor dety deposit boxes or material depository, etc.	by name, address (pho	one number – optic	onal)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor dety deposit boxes or main arms of Bank, epository, etc.	by name, address (pho	one number – optic	onal)	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	g Participant:			
1.			FEC ID number	С
2.			FEC ID number	С
3.			FEC ID number	С
4.			FEC ID number	C
	Organization, Affiliated Committee	e, Joint Fundrais	ing Representativ	re, or Leadership PAC Sponso
2022 FOUNDERS	S COMMITTEE			
Mailing Address	1305 W 11TH STREET			
	#213			
	HOUSTON		TX	77008
Relationship:	CITY A		STATE ▲	ZIP CODE ▲
r totationerip:	CITY			
Connecte	d Organization Affiliated Commit		ndraising Represent	tative Leadership PAC Spo
Connecte				Leadership PAC Spo
Connecte Designated Agent: Identif	d Organization Affiliated Commit			Leadership PAC Spo
Connecte Designated Agent: Identif	Affiliated Commit		ndraising Represent	
Connecte Designated Agent: Identif	Affiliated Commit by py name, address (phone number	- optional)	ndraising Represent	
Connecte Designated Agent: Identification Full Name Mailing Address	Affiliated Commit by py name, address (phone number	- optional)	ndraising Represent	
Connecte Designated Agent: Identification Full Name Mailing Address TITLE OR POSITION	Affiliated Commit by by name, address (phone number CITY ries: List all banks or other deposit	- optional)	state A	ZIP CODE A
Connecte Designated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite Safety deposit boxes or make the composition of Bank, Depository, etc.	Affiliated Commit by by name, address (phone number CITY ries: List all banks or other deposit	- optional)	state A	ZIP CODE A
Connecte Designated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or means of Bank,	Affiliated Commit by by name, address (phone number CITY ries: List all banks or other deposit	- optional)	state A	ZIP CODE A
Connecte Designated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite Safety deposit boxes or make the composition of Bank, Depository, etc.	Affiliated Commit by by name, address (phone number CITY ries: List all banks or other deposit	- optional)	state A	ZIP CODE A

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5(g) or ((h). Joint Fundraising	g Participant:		
	1		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	С
5. N	Name of Any Connected (Organization, Affiliated Committee, Joint Fundrais	sing Representative	e, or Leadership PAC Sponsor
	Mailing Address	C/O RED CURVE SOLUTIONS		
		138 CONANT ST, STE 201		
		BEVERLY	, , MA	01915
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
			undraising Representa	
3. D	Full Name	by name, address (phone number – optional)		
	Mailing Address			
		<u> </u>		<u> </u>
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
		I	phone Number	
. B	Banks or Other Depositor	ries: List all banks or other depositories in which the	e committee deposit	s funds, holds accounts, rents
	safety deposit boxes or mai Name of Bank, Depository, etc.			1 1 1 1 1 1 1 1 1 1
	Name of Bank, Depository, etc.			
	Name of Bank,			
	Name of Bank, Depository, etc.			
	Name of Bank, Depository, etc.	CITY A	STATE A	ZIP CODE A