Only

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STATEMENT OF **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) TRUMP SAVE AMERICA JOINT FUNDRAISING COMMITTEE P.O. BOX 13570 ADDRESS (number and street) (Check if address is changed) ARLINGTON 22219 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS SAVEAMERICAJFC@REDCURVE.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 12 05 2022 C00770941 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] 05 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

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. TYPE OF COMMITTEE:					
Candidate Committee:	ite 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 can information below.)	npaign committee. (Complete the candidate				
Name of Candidate					
Candidate Office Party Affiliation Sought: House Se	nate President District				
(c) This committee supports/opposes only one candidate, and is NOT an a	uthorized committee.				
Name of Candidate					
Party Committee:					
(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)	nization on line 6.) Its connected 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.	d is NOT a conserts correspond fund or north				
(f) This committee supports/opposes more than one Federal candidate, an committee. (i.e., nonconnected committee)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)				
In addition, this committee is a Lobbyist/Registrant PAC.	In addition, this committee is a Lobbyist/Registrant PAC.				
In addition, this committee is a Leadership PAC. (Identify spor	mmittee 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.					
	contribution accounts (Hybrid FAC).				
In addition, this committee is a Lobbyist/Registrant PAC.					
Joint Fundraising Representative:					
(i) This committee collects contributions, pays fundraising expenses and di committees/organizations, at least one of which is an authorized commit	·				
(j) This committee collects contributions, pays fundraising expenses and di committees/organizations, none of which is an authorized committee of	·				
Committees Participating in Joint Fundraiser					
DONALD J. TRUMP FOR PRESIDENT 2024, INC.	C C00828541				
SAVE AMERICA	C C00762591				

TREASURER

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٧	Vrite or Type Committee Name				
6.		AMERICA JOINT FUN Organization, Affiliated Committee, Joint F			
0.	NONE	rgumzaton, Annatoa Gommitee, Gom I	and all of the property of the contract		
	Mailing Address				
		CITY ▲	STATE	▲ ZIP CODE ▲	
	Relationship: Connected	Organization Affiliated Organization	Joint Fundraising Representation	entative Leadership PAC Sponso	
7.	Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.				
	CRATE, BI	RADLEY, T., ,			
	Full Name				
	Mailing Address	P.O. BOX 13570			
		ARLINGTON	VA	22219	
		CITY ▲	STATE	▲ ZIP CODE ▲	
	Title or Position ▼				
	TREASURER		Telephone number	617 - 303 - 6800	
8.	Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of th assistant treasurer).	e treasurer of the commit	tee; and the name and address of	
	Full Name CRATE, BI	RADLEY, T., ,			
	of Treasurer				
	Mailing Address	P.O. BOX 13570			
		ARLINGTON	VA		
		CITY ▲	STATE	▲ ZIP CODE ▲	
	Title or Position ▼				

6800

303

Telephone number

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Full Name of Designated	<u></u>		. aga .			
Agent						
Mailing Address						
	CITY ▲	STATE ▲	ZIP CODE ▲			
Title or Position ▼						
		Telephone number				
Banks or Other Depositor safety deposit boxes or mai	ies: List all banks or other depositories in intains funds.	which the committee deposits fu	nds, holds accounts, rents			
Name of Bank, Depository,	etc.					
CHAIN BRIDGE BANK, NA						
Mailing Address	1445A LAUGHLIN AVE					
	MCLEAN	VA L	22101			
	CITY ▲	STATE ▲	ZIP CODE ▲			
Name of Bank, Depository, etc.						
Mailing Address						
	CITY A	STATE ▲	ZIP CODE ▲			