

FEC  
FORM 1STATEMENT OF  
ORGANIZATION

Office Use Only

1. NAME OF  
COMMITTEE (in full)(Check if name  
is changed)Example: If typing, type  
over the lines.

12FE4M5

MARTY JACKLEY FOR CONGRESS

ADDRESS (number and street)

 (Check if address  
is changed)

111 W. CAPITOL AVENUE

SUITE 230

PIERRE

CITY ▲

SD

57501

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

 (Check if address  
is changed)

INFO@MARTYJACKLEY.COM

Optional Second E-Mail Address  
MARTYJACKLEY@REDCURVE.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

 (Check if address  
is changed)

WWW.MARTYJACKLEY.COM

2. DATE

M M / D D / Y Y Y Y  
01 / 22 / 2026

3. FEC IDENTIFICATION NUMBER ►

C C00909689

4. 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.

Type or Print Name of Treasurer JANKLOW, RUSS, , ,

Signature of Treasurer JANKLOW, RUSS, , ,

Date

M M / D D / Y Y Y Y  
01 / 22 / 2026NOTE: 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  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100FEC FORM 1  
(Revised 06/2012)



Write or Type Committee Name

**MARTY JACKLEY FOR CONGRESS****6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

TEAM JACKLEY

Mailing Address

111 W. CAPITOL AVENUE

SUITE 230

PIERRE

SD

57501

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:  Connected Organization  Affiliated Organization  Joint Fundraising Representative  Leadership PAC Sponsor**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

CRATE, BRADLEY, T, ,

Mailing Address

C/O RED CURVE SOLUTIONS

138 CONANT ST, STE 401

BEVERLY

MA

01915

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

ASSISTANT TREASURER

Telephone number

617 - 303 - 6800

**8. Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).Full Name  
of Treasurer

JANKLOW, RUSS, , ,

Mailing Address

111 W. CAPITOL AVENUE

SUITE 230

PIERRE

SD

57501

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

TREASURER

Telephone number

605 - 338 - 4303

Full Name of Designated Agent	CRATE, BRADLEY, T.,		
Mailing Address	C/O RED CURVE SOLUTIONS 138 CONANT ST, STE 401		
	BEVERLY	MA	01915
	CITY ▲		STATE ▲
Title or Position ▼	ASSISTANT TREASURER		
	Telephone number		
	617	303	6800
	ZIP CODE ▲		

9. **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.

FIRST NATIONAL BANK		
Mailing Address	125 W. SIOUX AVE.	
	PIERRE	SD
	57501	
	CITY ▲	
	STATE ▲	ZIP CODE ▲

Name of Bank, Depository, etc.

CHAIN BRIDGE BANK, N.A.		
Mailing Address	1445A LAUGHLIN AVE	
	MCLEAN	VA
	22101	
	CITY ▲	
	STATE ▲	ZIP CODE ▲