Image# 201903089145645812				PAGE 1 / 4
FEC FORM 1	STATEMEI ORGANIZ			
1. NAME OF	(Check if name	Example: If typing, type		fice Use Only
COMMITTEE (in full)	is changed)	over the lines.	12FE4M5	
RIDENHOUR F	OR CONGRESS			
ADDRESS (number and street)	PO BOX 12761			
(Check if address	1			
is changed)		<u> </u>	NC 282	20 1
			L_⊥_ L⊥⊥ STATE ▲	
COMMITTEE'S E-MAIL ADDF	RIDENHOUR@REDC			
 (Check if address is changed) 				
	Optional Second E-Mail Ad	dress		
 (Check if address is changed) 				
	08 / Y Y Y Y 2019			
B. FEC IDENTIFICATION I	NUMBER ► C C	00698449		
. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
certify that I have examined	this Statement and to the best	of my knowledge and belief it	t is true, correct and	complete.
ype or Print Name of Treasu	rer CRATE, BRADLEY, T, ,			
Signature of Treasurer CR	ATE, BRADLEY, T, ,	[Electronically Filed]	Date 03	08 / Y Y Y Y 08 2019
IOTE: Submission of false, erro	neous, or incomplete information ANY CHANGE IN INFORMATI	may subject the person signing ON SHOULD BE REPORTED V		penalties of 2 U.S.C. §437g
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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	FEC Fo	rm 1 (Revised 02/2009)	Page 2
TYF	PE OF C	OMMITTEE	
Ca	ndidate	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. (Con information below.)	nplete the candidate
	me of ndidate		
	ndidate ty Affiliati	on REP Office Sought: K House Senate President	State NC District 09
(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	ne of ndidate		
Pa	rty Con	nmittee:	(B
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Pol	litical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated 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.)	
Joii	nt Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for the committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.	EC ID number	

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FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

RIDENHOUR FOR CONGRESS

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address				
	CITY		STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committ	ee Joint Fundraising	g 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.

CRATE, B	RADLEY, T, ,
Full Name	
Mailing Address	138 CONANT STREET
	SECOND FLOOR
	BEVERLY MA 01915 Image: Image
Title or Position	CITY STATE ZIP CODE
	1 1 1 1 303 6800 1 1 1 1 1 1 1

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	CRATE, BRADLEY, T, ,		
Mailing Address			
		MA	01915
	CITY	STATE	ZIP CODE

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Full Name of Designated Agent																				1			I		1			_
Mailing Address																												
		L				1																						
					1	1	1	1											I			1		1]-			
									CI	ΓY								ST/	λΤΕ				ZI	> C	OD	Ε		
Title or Position																												
													Tele	eph	ione	e ni	umt	ber			_							

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.

CH		
Mailing Address	1445A LAUGHLIN AVE	
		VA [22101] - [
	CITY	STATE ZIP CODE
Name of Bank, Deposi	tory, etc.	
Mailing Address		
	CITY	STATE ZIP CODE