14031174845

STATEMENT OF

RECEIVED

FORM 1		ORG	ANIZ	ATIO	N		2			M 9: 25	
1. NAME OF COMMITTEE (in	full)	(Check is chan	if name ged)		ple:If typin	ng, type		F /- L /4"	rese j	FNTER	
ZAUN FOR	CON		014								
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ADDRESS (number an	nd street)	РО ВОХ				<u> </u>	<u> </u>			<u> </u>	
(Check if a is changed	ddress			1 1 1	<u> </u>	111			111	1111	لــا
	,	URBANDALE CITY A		1 1 1.	<u> </u>		STATE 4	5032 L		CODE A	لــا
COMMITTEE'S E-MA	IL ADDRES	SS .									
⟨Check if a is changed	ddress)	zaun@redcu	rve.com	· 			<u> </u>				لـــا
		Optional Second	d E-Mail Add	dress							,
				<u> </u>					1 1 1		لــــا
COMMITTEE'S WEB (Check if a is changed	ddress)	www.bradzaun.c	om 	 		_1.1.1.	 			1-1-1-	L L
2. DATE 02	M / D	D / Y J Y J Y 2014	Y]								
3. FEC IDENTIFIC	ATION NU	MBER ▶			المستون المستون						
4. IS THIS STATEM	IENT X	NEW (N)	OR		AMEN	DED (A)					
certify that I have e	xamined th	is Statement and	to the best	of my kn	owledge a	and belief it	t is true, co	rrect and	complete		
Type or Print Name o	of Treasurer	Charles Gantt	7/7.	 			· · · · · · · · · · · · · · · · · · ·	···	·	***	
Signature of Treasure	r <i>Charle</i>	es Gantt	il la			#	Date	M 7 M / 02	03	/ 2014	1.74
NOTE: Submission of f		ous, or incomplete ANY CHANGE IN							enalties o	of 2 U.S.C. §4:	37g.
Office Use Only				F		nformation o ion Commiss -424-9530		I		ORM 1 06/2012)	

		OMMITTEE
Can	didate	Committee:
(a)	X	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 candidate information below.)
Name Cand	e of lidate	BRAD ZAUN
	lidate Affiliati	on REP Office State President District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name Cand		
Parl	y Con	mittee:
(d)		This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
		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 Foderal 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 Leadership PAC. (Identify sponsor on line 6.)
Join	t Fund	raising Representative:
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
	Com	mittees Participating in Joint Fundraiser
	1.	FEC ID number
	2.	FEC ID number C
	3.	
	Λ	
	4.	

Write or Type Committee Name		
ZAUN FOR CON	IGRESS 2014	
i. Name of Arriy Commected Org	partization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponso	or
NONE 	<u> </u>	
Mailing Address		
L		
Ĺ		
	CITY STATE ZIP CODE	
Relationship: Connected O	Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sp	onsor
Custodian of Records: Identify books and records.	y by name, address (phone number optional) and position of the person in possession of comm	—— nittee
Charles Gant	tt	. 1
	138 Conant St., 1st Floor	
L	<u> </u>	لــــــــــــــــــــــــــــــــــــــ
Ľ	Beverly MA 01915	
Title or Position	CITY STATE ZIP CODE	
Treasurer	Telephone number 617 - 848 - 888	37
Treasurer: List the name and a any designated agent (e.g., ass	address (phone number optional) of the treasurer of the committee; and the name and address sistant treasurer).	of
Full Name Charles Gant of Treasurer	t 	
Mailing Address	138 Conant St., 1st Floor	لــــــــــــــــــــــــــــــــــــــ
L		
Ľ	Beverly MA 01915 - CITY STATE ZIP CODE	
Title or Position Treasurer	Telephone number 617 - 848 - 888	¹⁷

FEC Form	1 (Revised 0 2/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position	Telephone number	
safety deposit boxe Name of Bank, De	Chain Bridge Bank N. A.	holds accounts, rents
safety deposit boxe Name of Bank, De	es or maintains funds. epository, etc.	holds accounts, rents
safety deposit boxe Name of Bank, De	es or maintains funds. pository, etc. Chain Bridge Bank N. A. 1455-A Laughlin Avenue	
safety deposit boxe Name of Bank, De	es or maintains funds. pository, etc. Chain Bridge Bank N. A.	
safety deposit boxe Name of Bank, De	es or maintains funds. pository, etc. Chain Bridge Bank N. A. 1455-A Laughlin Avenue	
safety deposit boxe Name of Bank, De	chain Bridge Bank N. A. 1455-A Laughlin Avenue McLean CITY STATE	
safety deposit boxe Name of Bank, De Mailing Address	chain Bridge Bank N. A. 1455-A Laughlin Avenue McLean CITY STATE	101
safety deposit boxe Name of Bank, De Mailing Address	chain Bridge Bank N. A. 1455-A Laughlin Avenue McLean CITY STATE	
Name of Bank, De	chain Bridge Bank N. A. 1455-A Laughlin Avenue McLean CITY STATE pository, etc.	ZIP CODE
Name of Bank, De	chain Bridge Bank N. A. 1455-A Laughlin Avenue McLean CITY STATE pository, etc.	ZIP CODE

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Federal Election Commission 999 E ST NW

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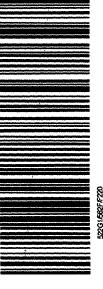
Beverly, MA 01915

WASHINGTON, DC 20463

TUE - 04 FEB 10:30A PRIORITY OVERNIGHT

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(8/2013)

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt **Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS** Priority Mail **Postmarked USPS Priority Mail Express** Postmark Illegible No Postmark Shipping Date 2/3/14 Overnight Delivery Service (Specify): Next Business Day Delivery **Date of Receipt** Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): **PREPARER** DATE PREPARED