PAGE 1 / 14

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. MORRISEY FOR SENATE INC PO BOX 1005 ADDRESS (number and street) (Check if address is changed) CHARLES TOWN 25414 WV CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS MORRISEY2018@REDCURVE.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) patrickmorrisey.com (Check if address is changed) DATE 25 2018 C00651075 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, MR., Type or Print Name of Treasurer CRATE, BRADLEY, T, MR., [Electronically Filed] 10 18 2019 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. 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 Only

Local 202-694-1100

	-	1.75	5 0
		rm 1 (Revised 02/2009)	Page 2
		OMMITTEE • 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. (Cor information below.)	mplete the candidate
Nam Can	e of didate	MORRISEY, PATRICK, , MR.,	
	didate y Affiliati	on REP Office Sought: House X Senate President	State WV District 00
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical 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)	segregated 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.)	
Join	t 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 t 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.		

FFC Form 1 (Deviced 0	22/2000)	Daga 2
FEC Form 1 (Revised 0 Write or Type Committee Name		Page 3
•	R SENATE INC	
	rganization, Affiliated Committee, Joint Fundraising Representative, or L	andership DAC Spansor
•		eadership FAC Sponsor
WINSOME LEADERS	<u> </u>	
Mailing Address	901 N WASHINGTON ST SUITE 700	
	ALEXANDRIA VA 2:	2314
Relationship: Connected	Organization Affiliated Committee X Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: Identification books and records. 	tify by name, address (phone number optional) and position of the persor	ı in possession of committee
	RADLEY, T, MR.,	1
Full Name	C/O RED CURVE SOLUTION	
Mailing Address	138 CONANT STREET, 2ND FLOOR	
	BEVERLY , MA , O	01915
Title or Position	CITY STATE	ZIP CODE
TREASURER	Telephone number 617	6800
3. Treasurer: List the name and any designated agent (e.g., as	l address (phone number optional) of the treasurer of the committee; and ssistant treasurer).	the name and address of
	RADLEY, T, MR.,	ı
of Treasurer	IC/O RED CURVE SOLUTION	
Mailing Address		
	138 CONANT STREET, 2ND FLOOR	
		1915 - - - -
Title or Position TREASURER	CITY STATE Telephone number	ZIP CODE - 303 - 6800

	m 1 (Revised 02/2009)	Page 4
Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
-	Depository, etc.	
Name of Bank,	Depository, etc. CHAIN BRIDGE BANK, N.A 1445-A LAUGHLIN AVENUE	
-	Depository, etc. CHAIN BRIDGE BANK, N.A 1445-A LAUGHLIN AVENUE	
Name of Bank,	Depository, etc. CHAIN BRIDGE BANK, N.A 1445-A LAUGHLIN AVENUE	
Name of Bank,	Depository, etc. CHAIN BRIDGE BANK, N.A 1445-A LAUGHLIN AVENUE	ZIP CODE
Name of Bank, Mailing Address	Depository, etc. CHAIN BRIDGE BANK, N.A 1445-A LAUGHLIN AVENUE MCLEAN VA 22101	ZIP CODE
Name of Bank, Mailing Address	Depository, etc. CHAIN BRIDGE BANK, N.A 1445-A LAUGHLIN AVENUE MCLEAN CITY STATE Depository, etc.	ZIP CODE
Name of Bank, Mailing Address Name of Bank,	Depository, etc. CHAIN BRIDGE BANK, N.A 1445-A LAUGHLIN AVENUE MCLEAN CITY STATE Depository, etc. CITY NATIONAL BANK 3601 MACCORKLE AVE SE	ZIP CODE
Name of Bank, Mailing Address	Depository, etc. CHAIN BRIDGE BANK, N.A 1445-A LAUGHLIN AVENUE MCLEAN CITY STATE Depository, etc. CITY NATIONAL BANK 3601 MACCORKLE AVE SE	ZIP CODE

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

FEC Form 1S (Revised 02/2017)

r(h). Joint Fundraising	y Participant:		
1.			C
2.	F	FEC ID number	C
3.	F	EC ID number	C
4.		FEC ID number	C
=	_	ng Representative	e, or Leadership PAC Sponsor
Mailing Address	228 S WASHINGTON STREET		
	ALEXANDRIA	, VA	22314
Relationship:	CITY A	STATE A	ZIP CODE ▲
Connected			
	by name, address (phone number - optional)		
Full Name			
Mailing Address			
TITLE OR POSITION	CITY A	STATE A	ZIP CODE A
TITLE OR POSITION	*		ZIP CODE ▲
Banks or Other Depositor safety deposit boxes or mai	Telepholies: List all banks or other depositories in which the o	STATE ▲	
Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.	Telepholies: List all banks or other depositories in which the ontains funds.	STATE ▲	
Banks or Other Depositor safety deposit boxes or mai	Telepholies: List all banks or other depositories in which the ontains funds. D BANK	STATE ▲	
Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.	Telepholies: List all banks or other depositories in which the ontains funds. D BANK	STATE ▲	
	1.	1	FEC ID number FEC ID number

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

1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
	FIGHTER FUND		
Mailing Address	C/O RED CURVE SOLUTIONS		
	138 CONANT STREET, 2ND FLOOR		
	BEVERLY	MA L	01915
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee Join Join y by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC Sp
		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
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esignated Agent: Identi	fy by name, address (phone number – optional)	t Fundraising Representation	Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
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esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mailing and mailing	fy by name, address (phone number – optional) CITY CITY Topries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
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esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management and ame of Bank, BANK	fy by name, address (phone number – optional) CITY CITY Topries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1.		FEC ID number FEC ID number FEC ID number FEC ID number	C
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ame of Any Connected O	reconstration Affiliated Committee Laint Firedin	FEC ID number	0
	reconstruction Affiliated Committee Laint Franchis		C
	rganization, Allillated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Spor
	E SENATE MAJORITY 2018		
<u> </u>			
Mailing Address	PO BOX 9891		
	ARLINGTON	VA VA	22219
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connected (Fundraising Representa	Leadership PAC S
	by name, address (phone number – optional)		
Full Name			
Mailing Address			
	1		
TITLE OR POSITION ▼	CITY A	STATE ▲	ZIP CODE ▲
	1	lephone Number	
anks or Other Depositorie ifety deposit boxes or main ame of Bank, epository, etc.		he committee deposit	s funds, holds accounts, ren
	2001 K STREET NW		
Mailing Address			
Mailing Address			

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

FEC Form 1S (Revised 02/2017)

1					
2			FEC II	O number	С
			FEC II	O number	C
3.			FEC II	O number	С
4.			FEC II	O number	C
lame of Any Cor	nnected Organi	zation, Affiliated Committee, Jo	int Fundraising Re	presentative	e, or Leadership PAC Spon
PROTECT	THE SENA	TE MAJORITY COMMIT	TEE	1 1 1 1	
Mailing Addre	ess 824	S MILLEDGE AVE STE 101			
	L				
	ATI	HENS		GA	30605
Relationship:		CITY A		STATE A	ZIP CODE ▲
esignated Agent	: Identify by na	me, address (phone number – op	otional)		
esignated Agent	: Identify by na	me, address (phone number – op	otional)		
		me, address (phone number – op	otional)		
Full Name		me, address (phone number – op	otional)		
Full Name		me, address (phone number – op	otional)		
Full Name L	ss			STATE A	ZIP CODE A
Full Name	ss	me, address (phone number – op		STATE A	ZIP CODE A

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

(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
=	d Organization, Affiliated Committee, Joint Fur	ndraising Representative	e, or Leadership PAC Spons
GROW THE MA	JORITY 		
Mailing Address	PO BOX 3986		
	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	WASHINGTON	DC	20027
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		oint Fundraising Represent	ative Leadership PAC Spo
Connect			ative Leadership PAC Spo
Connect	ed Organization Affiliated Committee		ative Leadership PAC Spo
Connecte Designated Agent: Identi	ed Organization Affiliated Committee		ative Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	ed Organization Affiliated Committee		ative Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	ed Organization Affiliated Committee		ative Leadership PAC Spo
Connecte Designated Agent: Identi Full Name Mailing Address	ed Organization Affiliated Committee X Joint Joi		Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	ed Organization Affiliated Committee X Joint Joi	oint Fundraising Representation	
Connecte Designated Agent: Identi Full Name Mailing Address TITLE OR POSITION	ed Organization Affiliated Committee X Journal	state Telephone Number	ZIP CODE A
Connecte Designated Agent: Identi Full Name Mailing Address TITLE OR POSITION	ed Organization Affiliated Committee X Journal	state Telephone Number	ZIP CODE A
Connected Pesignated Agent: Identify Pesignated Agent: Identify Period Name Mailing Address TITLE OR POSITION Period Per	Affiliated Committee	state Telephone Number	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Deposit afety deposit boxes or make the property of Bank, Depository, etc.	Affiliated Committee	state Telephone Number	ZIP CODE A
Connected Pesignated Agent: Identify Pesignated Agent: Identify Period Name Mailing Address TITLE OR POSITION Period Per	ed Organization Affiliated Committee Affiliated Committee Organization Affiliated Committee Orga	state Telephone Number	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Deposit afety deposit boxes or make the property of Bank, Depository, etc.	ed Organization Affiliated Committee Affiliated Committee Organization Affiliated Committee Orga	state Telephone Number	ZIP CODE A

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

			1
Mailing Address			
Name of Bank, Depository, etc.			
Banks or Other Deposito afety deposit boxes or ma	ories: List all banks or other depositories in which aintains funds.	the committee deposits	s tunds, holds accounts, rents
Damlar on Other D		About and the second se	- Constant to the constant of
		elephone Number	
TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
Mailing Address			
Full Name			
Designated Agent: Identif	y by name, address (phone number - optional)		
Connecte	d Organization Affiliated Committee	t Fundraising Representa	ative Leadership PAC Spo
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	ALEXANDRIA	VA	22314
3	STE. 115		
Mailing Address	228 S. WASHINGTON ST.		
Name of Any Connected WEST VIRGINIA	Organization, Affiliated Committee, Joint Fund VICTORY FUND	raising Representative	e, or Leadership PAC Sponso
4.			<u> </u>
3.		FEC ID number	C
2.		FEC ID number	C
		FF0 ID .	

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

	g Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4		FEC ID number	C
Name of Any Connected	Organization, Affiliated Committee, Joint Fund	Iraising Representative	e, or Leadership PAC Sponsor
WINGOWIE ZE/NB			
Mailing Address	901 N WASHINGTON ST SUITE 700		
	ALEXANDRIA	VA	22314
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connected	d Organization Affiliated Committee	nt Fundraising Representa	tive Leadership PAC Spons
Decimated Assets Identify			
Full Name	/ by name, address (phone number – optional)		
	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	CITY	STATE A	ZIP CODE A
Full Name	CITY A		ZIP CODE A
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Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or main safety deposit boxes or main safety depository, etc.	CITY A ries: List all banks or other depositories in which	STATE A Felephone Number	
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Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or main safety deposit boxes or main safety depository, etc.	CITY A ries: List all banks or other depositories in which	STATE A Felephone Number	

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

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
=	d Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
GROWING OUR	SENATE MAJORITY		
	204 C MILLEDGE AVE STE 404		
Mailing Address	824 S MILLEDGE AVE STE 101		
	ATHENS	GA L	30605
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee	t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	Affiliated Committee Joint Joint fy by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

n). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	l Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Spor
FOUNDERS CO	MMITTEE; THE		
Mailing Address	228 S WASHINGTON STREET		
ivialling Address	SUITE 115		
	, ALEXANDRIA	, DC	22314
Deletionship			
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee Joint fy by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC S
		Fundraising Representa	ative Leadership PAC S
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Full Name Mailing Address TITLE OR POSITION anks or Other Deposite the deposite boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY Te pries: List all banks or other depositories in which	STATE A	ZIP CODE A
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

TITLE OR POSITION Banks or Other Deposito safety deposit boxes or material street boxes or material street boxes. Name of Bank, Depository, etc. Mailing Address	ries: List all banks or		the committee deposit	s funds, holds accounts, rents
Banks or Other Deposito safety deposit boxes or management of Bank, Depository, etc.	ries: List all banks or			s funds, holds accounts, rents
Banks or Other Deposito safety deposit boxes or management of Bank, Depository, etc.	ries: List all banks or			s funds, holds accounts, rents
Banks or Other Deposito safety deposit boxes or ma	ries: List all banks or			s funds, holds accounts, rents
Banks or Other Deposito	ries: List all banks or			s funds, holds accounts, rents
TITLE OR POSITION	▼	т	elephone Number	
TITLE OR POSITION	▼			
	_	CITY A	STATE ▲	ZIP CODE ▲
Mailing Address				
Full Name				
Designated Agent: Identify	/ by name, address (phone number – optional)		
Connected	d Organization A	ffiliated Committee X Join	t Fundraising Representa	Leadership PAC Spo
Relationship:		CITY A	STATE ▲	ZIP CODE ▲
	ALEXANDRIA		VA	22314
ivialility Address				
Mailing Address	228 S WASHINGT	ON STREET SUITE 115		
Name of Any Connected MORRISEY-MILL	•		raising Representative	e, or Leadership PAC Sponso
4.			FEC ID number	C
			FEC ID number	C
3.			FEC ID number	C
2				