

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

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

12FE4M5

DR CHARLES 'TREY' THOMAS III FOR CONGRESS

ADDRESS (number and street) C/O RED CURVE SOLUTIONS
138 CONANT STREET 2ND FLOOR
BEVERLY MA 01915
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
client@redcurve.com
Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)
WWW.CHARLESTREYTHOMAS.COM

2. DATE 10 / 14 / 2015

3. FEC IDENTIFICATION NUMBER C C00555474

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 BRADLEY CRATE

Signature of Treasurer BRADLEY CRATE [Electronically Filed] Date 10 / 14 / 2015

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.

5. TYPE OF COMMITTEE

Candidate 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. (Complete the candidate information below.)

Name of Candidate DR CHARLES 'TREY' THOMAS III

Candidate Party Affiliation REP Office Sought: House Senate President State LA District 06

- (c) This committee supports/opposes only one candidate, and is NOT an authorized 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 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.
- (f) 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 Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising 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.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C _____
2. _____ FEC ID number C _____
3. _____ FEC ID number C _____
4. _____ FEC ID number C _____

Write or Type Committee Name

DR CHARLES 'TREY' THOMAS III FOR CONGRESS

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

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee 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 CLINT MOCK

Mailing Address PO BOX 741

BATON ROUGE

LA

70821

Title or Position

CITY

STATE

ZIP CODE

CUSTODIAN OF RECORDS

Telephone number

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 BRADLEY CRATE

Mailing Address 138 CONANT STREET

2ND FLOOR

BEVERLY

MA

01915

Title or Position TREASURER

CITY

STATE

ZIP CODE

Telephone number

617

848

8887

Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid for Title or Position]

Telephone number

[Empty grid for Telephone number]

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.

WHITNEY BANK

[Empty grid for Whitney Bank name]

Mailing Address

3617 S SHERWOOD FOREST BLVD

[Empty grid for Whitney Bank address line 1]

[Empty grid for Whitney Bank address line 2]

BATON ROUGE

[Empty grid for Whitney Bank address line 3]

LA

[Empty grid for Whitney Bank address line 4]

70816

[Empty grid for Whitney Bank address line 5]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

BBT BANK

[Empty grid for BBT Bank name]

Mailing Address

2200 WILSON BLVD

[Empty grid for BBT Bank address line 1]

STE 100

[Empty grid for BBT Bank address line 2]

ARLINGTON

[Empty grid for BBT Bank address line 3]

VA

[Empty grid for BBT Bank address line 4]

22201

[Empty grid for BBT Bank address line 5]

CITY

STATE

ZIP CODE