Only

STATEMENT OF

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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. VAN DREW FOR CONGRESS PO BOX 671 ADDRESS (number and street) (Check if address is changed) CAPE MAY COURT HOUSE 08210 NJ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS JEFFVANDREW@REDCURVE.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) HTTPS://WWW.VANDREWFORCONGRESS.COM (Check if address is changed) DATE 2021 C00661868 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] 01 19 2021 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

Local 202-694-1100

		rm 1 (Revised 02/2009)	Page 2
		OMMITTEE • 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. (Cominformation below.)	nplete the candidate
Nam Cand	e of lidate	VAN DREW, JEFF, , MR,	
	lidate ⁄ Affiliati	on REP Office Sought: * House Senate President	State NJ District 02
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of lidate		
Par	ty Con	nmittee:	
(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 con-	nnected organization is a
		Corporation Wo 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 so 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.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to 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 committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

1		
FEC Form 1 (Revised	02/2009)	Page 3
Write or Type Committee Name	9	
VAN DREW FO	OR CONGRESS	
6. Name of Any Connected (Organization, Affiliated Committee, Joint Fundraising Represental	tive, or Leadership PAC Sponsor
SOUTH JERSEY FIRS	ST	
	OLO DED CURVE COLUTIONS	
Mailing Address	C/O RED CURVE SOLUTIONS	
	138 CONANT STREET 2ND FLOOR	
	BEVERLY MA	01915
	CITY STATI	E ZIP CODE
Datasianatia 🔲 o	Affiliated Committee of the Section	antation DAG Co
Relationship: Connected	d Organization Affiliated Committee X Joint Fundraising Repres	entative Leadership PAC Sponsor
Custodian of Records: Idea books and records.	ntify by name, address (phone number optional) and position of the	ne person in possession of committee
CRATE, B	BRADLEY, T, MR,	
Full Name		
Mailing Address	C/O RED CURVE SOLUTIONS	
	138 CONANT ST, 2ND FLOOR	
	BEVERLY	01915
Title or Position	CITY STATE	7ID CODE
Tide of Position	CITY STATE	ZIP CODE
TREASURER	Telephone number	617 - 303 - 6800
8. Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the commit assistant treasurer).	ttee; and the name and address of
Full Name CRATE, B of Treasurer	RADLEY, T, MR,	
Mailing Address	C/O RED CURVE SOLUTIONS	
	138 CONANT ST, 2ND FLOOR	, , , , , , , , , , , , , , , 1
	BEVERLY	01915
	CITY STATE	ZIP CODE
Title or Position TREASURER	l	617 303 6800
	Telephone number	

FEC Form		
Full Name of Designated	YOUNG, JASON, , ,	
Agent	C/O DED CHRVE COLLITIONS	
Mailing Address	C/O RED CURVE SOLUTIONS	
	138 CONANT ST, 2ND FLOOR	
	BEVERLY MA 01915	1 1
		71D 00DE
Title or Position	CITY STATE 2	ZIP CODE
ASSISTANT TR	REASURER Telephone number	
Banks or Other safety deposit bo	r Depositories: List all banks or other depositories in which the committee deposits funds, holds	accounts, rents
	OXES OF ITIAITIAITS TUTIOS.	
Name of Bank, I		
	Depository, etc. BANK OF AMERICA 100 WESTMINSTER STREET	
Name of Bank, I	Depository, etc. BANK OF AMERICA 100 WESTMINSTER STREET	
Name of Bank, I	Depository, etc. BANK OF AMERICA 100 WESTMINSTER STREET	
Name of Bank, I	Depository, etc. BANK OF AMERICA 100 WESTMINSTER STREET PROVIDENCE RI 02903	ZIP CODE
Name of Bank, I	Depository, etc. BANK OF AMERICA 100 WESTMINSTER STREET PROVIDENCE RI 02903 CITY STATE	ZIP CODE
Name of Bank, I	Depository, etc. BANK OF AMERICA 100 WESTMINSTER STREET PROVIDENCE RI 02903 CITY STATE	ZIP CODE
Name of Bank, I	Depository, etc. BANK OF AMERICA 100 WESTMINSTER STREET PROVIDENCE CITY STATE CHAIN BRIDGE BANK 1445-A LAUGHLIN AVE	ZIP CODE
Name of Bank, I	Depository, etc. BANK OF AMERICA 100 WESTMINSTER STREET PROVIDENCE CITY STATE CHAIN BRIDGE BANK 1445-A LAUGHLIN AVE	ZIP CODE
Name of Bank, I Mailing Address Name of Bank, I	Depository, etc. BANK OF AMERICA 100 WESTMINSTER STREET PROVIDENCE CITY STATE CHAIN BRIDGE BANK 1445-A LAUGHLIN AVE	ZIP CODE
Name of Bank, I Mailing Address Name of Bank, I	Depository, etc. BANK OF AMERICA 100 WESTMINSTER STREET PROVIDENCE CITY STATE CHAIN BRIDGE BANK 1445-A LAUGHLIN AVE	ZIP CODE

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

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5(a)	or(h). Joint Fundraisin	α Participant:		
(9)	1.	<u> </u>	FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
			FEC ID number	С
	4.		. 20 12 110111201	0
6.	Name of Any Connected NEW JERSEY TR	Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Sponsor
	Mailing Address	C/O RED CURVE SOLUTIONS		
		138 CONANT STREET 2ND FLOOR		
		BEVERLY	ı MA	01915
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
			Fundraising Representa	
	Connected	d Organization Affiliated Committee	Fundraising Representa	Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
		1		
	TITLE OR POSITION	_ CITY ▲	STATE ▲	ZIP CODE ▲
	IIILE ON FOSITION	1	elephone Number	
9.	Banks or Other Deposito safety deposit boxes or ma	ries: List all banks or other depositories in which aintains funds.	the committee deposit	s funds, holds accounts, rents
9.	safety deposit boxes or ma		the committee deposit	s funds, holds accounts, rents
9.	Name of Bank, Wells	aintains funds.	the committee deposit	s funds, holds accounts, rents
9.	Name of Bank, Depository, etc.	aintains funds. Fargo Bank	the committee deposit	s funds, holds accounts, rents
9.	Name of Bank, Depository, etc.	aintains funds. Fargo Bank	the committee deposit	s funds, holds accounts, rents

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

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1.		FEC ID number	C
3.			
		FEC ID number	С
4		FEC ID number	C
		FEC ID number	C
	Organization, Affiliated Committee, Joint Fu SE FRONTLINE FUND	ndraising Representativ	e, or Leadership PAC Spons
Mailing Address	401 2ND AVENUE SOUTH		
-	SUITE 303		
	SEATTLE	WA WA	98104
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee	loint Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identify			ative Leadership PAC Sp
esignated Agent: Identify			ative Leadership PAC Sp
Full NameMailing Address	y by name, address (phone number – optional		
Pesignated Agent: Identify	y by name, address (phone number – optional		ative

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

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1.	g Participant:			
1.		FEC II	number	C
2.		FEC II	number	С
3.		FEC IC	number	C
4.		FEC II) number	C
lame of Any Connected Take Back the Ho	Organization, Affiliated Committee, Joi	nt Fundraising Rep	presentative	, or Leadership PAC Spon
Mailing Address	PO Box 30844			
	Bethesda		MD	20824
Relationship:	CITY ▲		STATE ▲	ZIP CODE ▲
Full Name	by name, address (phone number – opt			
Mailing Address				
TITLE OR POSITION	CITY A		STATE A	ZIP CODE ▲
TITLE OR POSITION	CITY ▲	Telephone N		ZIP CODE A
anks or Other Depositor afety deposit boxes or ma	ries: List all banks or other depositories	Telephone N	umber	
tanks or Other Depositor afety deposit boxes or ma	ries: List all banks or other depositories	Telephone N	umber	
Banks or Other Depositor afety deposit boxes or malame of Bank, Depository, etc.	ries: List all banks or other depositories	Telephone N	umber	