FEC FORM 1	STATEMEI ORGANIZ		PAGE 1 / 15
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
	13203 SE 172ND AVE		
ADDRESS (number and street)	STE 166 #399		
(Check if address is changed)			
			OR 97086 STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL ADDR	RESS		
(Check if address is changed)			
	Optional Second E-Mail Ad	dress	
COMMITTEE'S WEB PAGE A (Check if address is changed)		ER.COM	
2. DATE 04 /	15 ⁷ <u>2024</u>		
3. FEC IDENTIFICATION	NUMBER ► C C	00784520	
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)	
I certify that I have examined	I this Statement and to the best	of my knowledge and belief it	is true, correct and complete.
Type or Print Name of Treasu	irer <u>YOUNG, JASON, , MR.,</u>		
Signature of Treasurer YC	DUNG, JASON, , MR.,		Date 04 / 15 / Y Y Y Y 2024
NOTE: Submission of false, erro		may subject the person signing t TION SHOULD BE REPORTED	his Statement to the penalties of 52 U.S.C. §30109 WITHIN 10 DAYS.
Office Use Only		For further information cc Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100	

Image# 202404159627687894

04/15/2024 10 : 57

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 information below.)	candidate
	Name of CHAVEZ-DEREMER, LORI, , , Candidate	
	Candidate Office	State
	Party Affiliation REP Sought: X House Senate President	District
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	

Party C	Committee: This committee is a	(National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party
Politica (e)	I Action Committee (PAC): This committee is a separate segre	gated fund. (Identify connected organiza	ation on line 6.) Its connected organization is a:
	Corporation Membership Organization	Corporation w/o Capital Sto Trade Association e is a Lobbyist/Registrant PAC.	Cooperative
(f)	This committee supports/opposes m committee, (i.e., nonconnected com		s 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.)
(g)	This committee is an independent expenditure-only political committee (Super PAC).
	In addition, this committee is a Lobbyist/Registrant PAC.
(h)	This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).
	In addition, this committee is a Lobbyist/Registrant PAC.

Joint Fundraising Representative:

This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political (i) committees/organizations, at least one of which is an authorized committee of a federal candidate. This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political (j) committees/organizations, none of which is an authorized committee of a federal candidate. Committees Participating in Joint Fundraiser С 1. ____ С 2.

OR

05

FEC Form 1 (Revised 02/2009)	Page 3
Write or Type Committee Name	

LORI CHAVEZ-DEREMER FOR CONGRESS

6.	Name of Any Connected Or	ganization, Affiliated	Committee, Join	t Fundraising Repre	esentative, or Leade	rship PAC Sponsor
	Mailing Address	PO BOX 30844				
		BETHESDA			MD 20824	
			CITY A		STATE 🔺	ZIP CODE
	Relationship: Connected	Organization Affilia	ted Organization	X 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.

YOUNG, J	ASON, , MR.,		
Full Name			
Mailing Address			
	138 CONANT ST, SUITE 401		
	BEVERLY	MA 01915	
	CITY A	STATE A	ZIP CODE
Title or Position ▼			
	Telephor	ne number	303 - 6800

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	YOUNG, JASON, , MR.,		
Mailing Address	C/O RED CURVE SOLUTIONS, LLC		
	138 CONANT ST, SUITE 401		
	BEVERLY	MA 01915	
		STATE A	ZIP CODE
Title or Position	7		
		Telephone number	303 - 6800

FEC Form 1 (Revised 02	2/20	009	9)																		I	Pag	le 4	4		
Full Name of Designated Agent																									1	
Mailing Address																										
						CI	ΤY								9	STA	ΛTE			ZI	ΡC		DE			
Title or Position ▼																										
										-	Tele	eph	one	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.

Mailing Address	1445-A LAUGHLIN AVE		
		VA 22101	
		STATE 🔺	ZIP CODE
Name of Bank, Dep	pository, etc. WELLS FARGO BANK		
Mailing Address			
		MD 20814	
	CITY 🔺	STATE A	ZIP CODE

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

	oonit i unuluoni	g Participant:							
1.					FEC ID numb	er C			
2.					FEC ID numb	er C			
3.					FEC ID numb	er C			
4.					FEC ID numb	er C			
		Organization, Affiliate		int Fundra	ising Represent	ative, or	Leadershi	p PAC Spo	onsor
Ма	ailing Address	1005 CONGRESS /							
	-	STE 400							
		AUSTIN					78701	-	
Re	elationship:		CITY A		STATE	 E ▲	ZIF	P CODE	
						aantatiiya	Leade	ership PAC	Snon
	Connected	Organization Aff	filiated Committee	× Joint F	Fundraising Repres	sentative	Load	eisnip FAC	Spons
Designa		Organization Aff by name, address (p		_	Fundraising Repres	sentative			Spons
				_	Fundraising Repres				
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Full	ted Agent: Identify			_					
Full Maili	ted Agent: Identify	by name, address (p		_					
Full Maili	ted Agent: Identify	by name, address (p	hone number – op	otional)					

CITY

STATE **A**

ZIP CODE

1. 🔄 🖂 🖂			FEC	ID number	С		
2.			FEC	ID number	С		
3.			FEC	ID number	С		
			FEC	ID number	С		
4.							
Name of Any Conn	ected Organization, Affil	iated Committee, Joint	Fundraising R	epresentativ	e. or Leade	ership P/	AC Spon
-	LIN WINGMAN FUND	,			-,		
Mailing Addres	P.O. BOX 2811						
					33806	<u> </u>	
							-
Relationship:		CITY A		STATE 🔺		ZIP CO	DDE 🔺
	dentify by name, address		Joint Fundrais				p PAC S
Designated Agent:							
Designated Agent: I							
Designated Agent: Full Name							
Designated Agent:	dentify by name, address	; (phone number – option					
Designated Agent: I	dentify by name, address						

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

) or (h).	Joint Fundraising	J Participant:		
1.			FEC ID number	С
2.			FEC ID number	C
3.			FEC ID number	C
4.			FEC ID number	С
Name	of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
LOI	RI CHAVEZ-DERE			
_		13203 SE 172ND AVE		
ſ	Mailing Address	STE 166 #399		
		HAPPY VALLEY		97086
F	Relationship:		STATE 🔺	ZIP CODE
-		by name, address (phone number – optional)		
Fu	II Name			
Ma	ailing Address			
		1		
т	ITLE OR POSITION		STATE A	ZIP CODE
			elephone Number	- -
	or Other Depositor deposit boxes or mai	ies: List all banks or other depositories in which intains funds.	the committee deposit	s funds, holds accounts, rents
	deposit boxes of mai			
Deposi	of Bank, CLASS			
Deposi	of Bank, CLASS itory, etc.			
Deposi	of Bank, CLASS itory, etc.			

STATE 🔺

ZIP CODE

5(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	С
2.	.		FEC ID number	С
3.			FEC ID number	С
4.			FEC ID number	С
6. Name	e of Any Connected C	rganization, Affiliated Committee, Joint Fundraisi	ing Representative	e, or Leadership PAC Sponsor
PF	ROTECT THE HOUS	SE 2024		
	Mailing Address	PO BOX 30844		
		BETHESDA		20824
	Relationship:			
	Connected	Organization Affiliated Committee X Joint Fur	ndraising Representa	tive Leadership PAC Sponsor
-				
8. Desig	gnated Agent: Identify	by name, address (phone number – optional)		
		by name, address (phone number – optional)		
F	ull Name	by name, address (phone number - optional)	<u></u>	<u> </u>
F		by name, address (phone number - optional)		
F	ull Name	by name, address (phone number - optional)		
F	ull Name			
F	ull Name			· · · · · · · · · · · · · · · · · · ·
F	ull Name <u> </u>	L		· · · · · · · · · · · · · · · · · · ·
F	ull Name <u> </u>	L		· · · · · · · · · · · · · · · · · · ·
F M - - 9. Bank	Tull Name		hone Number	
9. Bank safety	Full Name Mailing Address TITLE OR POSITION Sor Other Depositorie y deposit boxes or mair	CITY ▲ CITY ▲ Telepl Es: List all banks or other depositories in which the ntains funds.	hone Number	
9. Bank safety Name	Full Name Mailing Address TITLE OR POSITION Sor Other Depositorie y deposit boxes or mair		hone Number	
9. Bank safety Name	Full Name Mailing Address TITLE OR POSITION Sor Other Depositorie y deposit boxes or mair a of Bank, FIDELIT	CITY ▲ CITY ▲ Telepl Es: List all banks or other depositories in which the ntains funds.	hone Number	
9. Bank safety Name	Full Name Mailing Address TITLE OR POSITION Site of Bank, FIDELIT Site of Bank, FIDELIT	CITY A CITY A Telepl Es: List all banks or other depositories in which the ntains funds. Y INVESTMENTS	hone Number	
9. Bank safety Name	Full Name Mailing Address TITLE OR POSITION Site of Bank, FIDELIT Site of Bank, FIDELIT	CITY A CITY A Telepl Es: List all banks or other depositories in which the ntains funds. Y INVESTMENTS	hone Number	

1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
Name of Any Connected C	Organization, Affiliated Committee, Joint Fund	Iraising Representative	e, or Leadership PAC Sponsor
TRANSPORTATION T			
Mailing Address	502 6TH STREET		<u> </u>
		WI	54016
Relationship:	CITY A	STATE	
	Organization Affiliated Committee X Joir	nt Fundraising Represent	ative Leadership PAC Spons
	by name, address (phone number – optional)		
Designated Agent: Identify			
Designated Agent: Identify			
Designated Agent: Identify			
Designated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional)		
Designated Agent: Identify	by name, address (phone number – optional)		

5(g) or (h	h). Joint Fundraising	J Participant:		
	1		FEC ID number	
	2.		FEC ID number	
	3.		FEC ID number	
	4.		FEC ID number	
6. N a	ame of Any Connected (Organization, Affiliated Committee, Joint Fund	raising Representative, or Leadership PAC Sponso	or
		EN 2024		
	Mailing Address	228 S WASHINGTON ST		
		STE 115		
			VA 22314	,
	Relationship:		STATE A ZIP CODE A	
	Connected	Organization Affiliated Committee X Join	t Fundraising Representative	nsor
8. D e	Full Name	by name, address (phone number - optional)		
	Mailing Address			
		1		.
	TITLE OR POSITION		STATE A ZIP CODE A	
			elephone Number	
	anks or Other Depositori afety deposit boxes or mai		the committee deposits funds, holds accounts, rents	
	afety deposit boxes or mai ame of Bank,			
	afety deposit boxes or mai ame of Bank, epository, etc.			
	afety deposit boxes or mai ame of Bank, epository, etc.			

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5(g) or (h). Joint Fundraising	Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	С
	3.		FEC ID number	С
	4.		FEC ID number	C
	-	Organization, Affiliated Committee, Joint Fundra	aising Representative	, or Leadership PAC Sponsor
L		JER 		
L				
	Mailing Address	PO BOX 30844		
		BETHESDA		20824
	Relationship:	CITY 🔺	STATE A	ZIP CODE
	Connected	Organization Affiliated Committee X Joint	Fundraising Representa	tive Leadership PAC Sponsor
8. De s	signated Agent: Identify	by name, address (phone number - optional)		
8. De s	signated Agent: Identify	by name, address (phone number - optional)		
8. De s		by name, address (phone number – optional)		
8. De s	Full Name	by name, address (phone number – optional)		
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9. Ba saf	Full Name Mailing Address TITLE OR POSITION Inks or Other Depositori fety deposit boxes or main me of Bank, pository, etc.		lephone Number	

5(g) or (h	n). Joint Fundraising	9 Participant:						
	1.			FEC	ID number	С		
	2.			FEC	ID number	С		
	3.			FEC	ID number	С		
	4.			FEC	ID number	С		
6. N a	ame of Any Connected (Organization, Affili	ated Committee, Joint	Fundraising F	Representative	e, or Leaders	hip PAC Spo	onsor
I	SCALISE LEADERSH	IP FUND 2024		-	-			
L								
L								
	Mailing Address	320 1ST ST SE						
		WASHINGTON				20003		
	Relationship:				STATE A			
	Connected	Organization	Affiliated Committee	× Joint Fundrai	sing Representa	ative Le	adership PAC	Sponsor
8. De	Full Name	by name, address	(phone number – optio	nal)				
8. De	Full Name	by name, address	(phone number – optio	nal)				
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9. Ba sat	Full Name			Telephone	Number			
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s PO BOX 308					
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	344				
BETHESDA			MD	20824	
	CITY 🔺		STATE A	ZII	P CODE 🔺
dentify by name, add	ress (phone number – opt	onal)			
ITION V	CITY A		STATE A	ZIP	CODE 🔺
		Telephone N	lumber	– L	
	onnected Organization Identify by name, add	CITY ▲	CITY ▲ C	CITY A STATE A Onnected Organization Affiliated Committee X Joint Fundraising Representat Identify by name, address (phone number – optional)	CITY ▲ STATE ▲ ZII onnected Organization Affiliated Committee → Joint Fundraising Representative Lead Identify by name, address (phone number – optional) CITY ▲ STATE ▲ ZIP CITY ▲ STATE ▲ ZIP

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5(g) or	(h). Joint Fundraising	g Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	С
	3.		FEC ID number	С
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6. N	Name of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	, or Leadership PAC Sponsor
		TY		
	Mailing Address	228 S WASHINGTON ST STE 115		
				22314
	Relationship:		STATE A	ZIP CODE
_	Connected	Organization Affiliated Committee X Joint	Fundraising Representa	tive Leadership PAC Sponsor
8. C	Designated Agent: Identify	by name, address (phone number - optional)		
8. C		by name, address (phone number - optional)		
8. E	Full Name	by name, address (phone number – optional)		
8. D		by name, address (phone number – optional)		
8. C	Full Name	by name, address (phone number – optional)		
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8. C	Full Name			
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9. E	Full Name		lephone Number	
9. E S N	Full Name Mailing Address TITLE OR POSITION		lephone Number	
9. E S N	Full Name		lephone Number	
9. E S	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor Game of Bank, Depository, etc.		lephone Number	
9. E S N	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor Game of Bank, Depository, etc.		lephone Number	

5(g) or ((h). Joint Fundraising	J Participant:			
	1.			FEC ID number	С
	2.			FEC ID number	С
	3.			FEC ID number	С
	4.			FEC ID number	С
6. N	Name of Any Connected	Organization, Affiliated Con	nmittee, Joint Fundr	aising Representative	e, or Leadership PAC Sponsor
	EMMER MAJORITY	BUILDERS			
	Mailing Address	824 S. MILLEDGE AVE. ST	E. 101		
				GA	30605
	Relationship:	СП	Y ▲	STATE A	ZIP CODE A
	Connected	Organization Affiliated (Committee 🗙 Joint	Fundraising Representa	tive Leadership PAC Sponsor
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8. D	Designated Agent: Identify	by name, address (phone n	umber – optional)		
8. D	Designated Agent: Identify	by name, address (phone n	umber – optional)		
8. D		by name, address (phone n	umber – optional)		
	Full Name	by name, address (phone n	umber – optional)		
– 8. D	Full Name	by name, address (phone n	umber – optional)		
– 8. D	Full Name				
– 8. D	Full Name				· · · · · · · · · · · · · · · · · · ·
– 8. D	Full Name			STATE	· · · · · · · · · · · · · · · · · · ·
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9. B S	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor afety deposit boxes or ma Jame of Bank, Depository, etc.	CITY	· · · · · · · · · · · · · · · · · · ·	lephone Number	
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