## STATEMENT OF

FEC   FORM 1	ORGANIZATION	KEUEIVEI)	
		2814 SEP 17 AM 10: 54 Office Use Only	
NAME OF     COMMITTEE (in full)	(Check if name Example: If typing, type is changed) over the lines.	12FE4MSEC MAIL CENTER	
CHAPMAN VIO	CTORY FUND	· <u>* * * * * * * * * * * * * * * * * * * </u>	
1			
<u> </u>	IC/O RED CURVE SOLUTIONS		
ADDRESS (number and street		<del></del>	
(Check if addres is changed)	S 500 CUMMINGS CENTER SUITE 4400	1111111111111	
g.c.,	BEVERLY	MA     01915	
	CiTY▲	STATE ▲ ZIP CODE ▲	
COMMITTEE'S E-MAIL AD	DRESS	•	
(Check if addres	CHARAMANIA TORVORER CHRIST COM		
is changed)			
	Optional Second E-Mail Address		
COMMITTEE'S WEB PAGE	E ADDRESS (URL)		
(Check if addres	ss		
is changed)			
2. DATE 09	16 / VTYTYTY V 2014		
3. FEC IDENTIFICATIO	ON NUMBER •		
4. IS THIS STATEMENT	NEW (N) OR AMENDED (A)		
L certify that I have exemin	ned this Statement and to the best of my knowledge and belief	it is true correct and complete	
r certify that I have examin	and this statement and to the best of my knowledge and bench	it is true, correct and complete.	
Type or Print Name of Trea	asurer BRADLEY CRATE		
Signature of Treasurer	BRADLEY CRATE Brooks 1. Water	Date 09 16 2014	
NOTE: Submission of foles	erroneous, or incomplete information may subject the person signing	this Statement to the panelties of 2 LLS C \$427a	
	ANY CHANGE IN INFORMATION SHOULD BE REPORTED		
Office Use	For further information Federal Election Commis Toll Free 800-424-9530		

		OMMITTEE Committee
•	ididate	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.)
Nam Cand	e of didate	
	didate y Affiliatio	Office State Sought: House Senate President District
(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 (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 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.)
Joir	nt Fund	Iraising Representative:
(g)	$\boxtimes$	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.	JOHN CHAPMAN FOR CONGRESS             FEC ID number C C00553917
	2.	MASSACHUSETTS REPUBLICAN PARTY FEC ID number C C00042622
	3.	
	4.	
	₹.	

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Write or Type Committee Name						
CHAPMAN VICTORY FUND						
6. Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Leaders	ship PAC Sponsor				
NONE						
Mailing Address	1					
Walling Floor 055						
	CITY STATE	ZIP CODE				
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Le	eadership PAC Sponsor				
<ol> <li>Custodian of Records: Iden books and records.</li> </ol>	tify by name, address (phone number optional) and position of the person in po	ossession of committee				
BRADLEY	CRATE	1				
Fuli Name LIII	C/O RED CURVE SOLUTIONS					
Mailing Address	500 CUMMINGS CENTER SUITE 4400					
	BEVERLY , MA , 01915					
Title or Position	CITY STATE	ZIP CODE				
TREASURER	Telephone number 617 -	848 - 8887				
8. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the nessistant treasurer).	ame and address of				
Full Name BRADLEY	CRATE	1				
of Treasurer	IC/O RED CURVE SOLUTIONS					
Mailing Address	J500 CUMMINGS CENTER SUITE 4400					
	PETER V	<u> </u>				
	BEVERLY MA 01915 CITY STATE	ZIP CODE				
Title or Position TREASURER	Telephone number 617 –	848   -   8887				
1						

CITY

STATE

ZIP CODE

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Mailing Address

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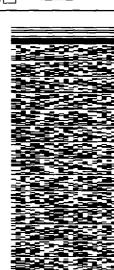
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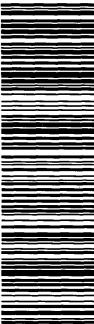
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**EP RDVA** 



## **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 Overnight Delivery Service (Specify): 🕞 d 矣 9/16/4 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):

DATE PREPARED

(8/2013)

**PREPARER**