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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) TRUMP MAKE AMERICA GREAT AGAIN COMMITTEE 725 FIFTH AVENUE ADDRESS (number and street) (Check if address is changed) **NEW YORK** 10022 NY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS TMAGAC@REDCURVE.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 04 2021 C00618371 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] 03 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 Only

Local 202-694-1100

l	FEC Fo	rm 1 (Revised 02/2009)	Page 2				
		OMMITTEE					
Can	ididate	ommittee:					
(a)	Ш	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. (Compinformation below.)	plete the candidate				
Nam Cand	e of didate						
	didate / Affiliatio	Office on Sought: House Senate President	State				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District				
Name Cand	e of didate						
Par	ty Con	nmittee:					
(d)			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 cont	nected 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)							
(f)	Ш	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated tund 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 two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political				
(h)	x	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.	o or more political				
	Com	Committees Participating in Joint Fundraiser					
	1.	SAVE AMERICA C007	'62591				
	2.	MAKE AMERICA GREAT AGAIN PAC FEC ID number C C005	80100				
	3.	REPUBLICAN NATIONAL COMMITTEE FEC ID number C C000	03418				
	4.						

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Write or Type Committee N				_				
TRUMP MAK	(E AMERICA GREAT	AGAIN CO	MMIIIE	<u> </u>				
6. Name of Any Connector	ed Organization, Affiliated Committee,	Joint Fundraising Repr	esentative, or Lea	adership PAC Sponsor				
NONE								
Mailing Address								
	CITY		STATE	ZIP CODE				
Relationship: Conne	ected Organization Affiliated Committee	ee Joint Fundraising	Representative	Leadership PAC Sponsor				
books and records.	Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. CRATE, BRADLEY, T., MR.,							
Full Name								
Mailing Address	C/O RED CURVE SOLUTIONS							
	138 CONANT ST, 2ND FL							
	BEVERLY		MA O1	915				
Title or Position	CITY		STATE	ZIP CODE				
TREASURER		Telephone num	ber 617	- 303 - 6800				
Treasurer: List the name any designated agent (e.	e and address (phone number optional .g., assistant treasurer).) of the treasurer of the	committee; and the	he name and address of				
Full Name CRAT	E, BRADLEY, T., MR.,							
Mailing Address	C/O RED CURVE SOLUTIONS							
	138 CONANT ST, 2ND FL							
	BEVERLY	, , , , , , 1	MA 019	915				
	CITY		STATE	ZIP CODE				
Title or Position TREASURER		Telephone numl	ber 617	6800				

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Full Name of		
Designated Agent		
Mailing Address		
		[-] [
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
	poxes or maintains funds.	
safety deposit be 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	
Name of Bank,	Depository, etc. CHAIN BRIDGE BANK, N.A. 1445-A LAUGHLIN AVENUE	
Name of Bank,	CHAIN BRIDGE BANK, N.A. 1445-A LAUGHLIN AVENUE	ZIP CODE
Name of Bank,	CHAIN BRIDGE BANK, N.A. 1445-A LAUGHLIN AVENUE MCLEAN CITY STATE	ZIP CODE
Name of Bank, Mailing Address	Depository, etc. CHAIN BRIDGE BANK, N.A. 1445-A LAUGHLIN AVENUE MCLEAN CITY STATE Depository, etc.	
Name of Bank, Mailing Address	CHAIN BRIDGE BANK, N.A. 1445-A LAUGHLIN AVENUE MCLEAN CITY STATE	
Name of Bank, Mailing Address	Depository, etc. CHAIN BRIDGE BANK, N.A. 1445-A LAUGHLIN AVENUE MCLEAN CITY STATE Depository, etc.	
Name of Bank, Mailing Address Name of Bank,	Depository, etc. CHAIN BRIDGE BANK, N.A. 1445-A LAUGHLIN AVENUE MCLEAN CITY STATE Depository, etc.	
Name of Bank, Mailing Address Name of Bank,	Depository, etc. CHAIN BRIDGE BANK, N.A. 1445-A LAUGHLIN AVENUE MCLEAN CITY STATE Depository, etc.	