## 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. RED RENAISSANCE, INC. C/O RED CURVE SOLUTIONS ADDRESS (number and street) 138 CONANT ST, 2ND FL (Check if address is changed) **BEVERLY** 01915 MA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS REDRENAISSANCE@REDCURVE.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) WWW.REDRENAISSANCE.COM (Check if address is changed) DATE 2021 C00763797 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] 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

Only

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	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. (Corinformation below.)	nplete the candidate		
Nam Cand	e of didate				
	didate / Affiliati	on Office Sought: House Senate President	State		
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.			
Name Cand	e of didate				
Par	ty Con	nmittee: (National, State	(Democratic,		
(d)		This committee is a or subordinate) committee of the	Republican, etc.) Party		
Poli	tical A	ction Committee (PAC):			
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is		
		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 s 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)	П	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t			
(h)		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 to committees/organizations, none of which is an authorized committee of a federal candidate.			
	Com	mittees Participating in Joint Fundraiser			
	1.				
	2.				
	3.	FEC ID number C			
	4.				

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Write or Type Committee Na		
RED RENAIS	SANCE. INC.	
	d Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee Joint Fundraising Representative	e Leadership PAC Sponsor
<ul> <li>Custodian of Records: lo books and records.</li> </ul>	dentify by name, address (phone number optional) and position of the pers	on in possession of committee
	E, BRADLEY, T., MR.,	
Full Name	C/O RED CURVE SOLUTIONS	
Mailing Address	138 CONANT ST, 2ND FL	
	BEVERLY	01915
Title or Position	CITY STATE	ZIP CODE
TREASURER	Telephone number	303 - 6800
Treasurer: List the name any designated agent (e.g	and address (phone number optional) of the treasurer of the committee; ar j., assistant treasurer).	nd the name and address of
Full Name CRATE of Treasurer	BRADLEY, T., MR.,	
Mailing Address	C/O RED CURVE SOLUTIONS	
	138 CONANT ST, 2ND FL	
	BEVERLY MA CITY STATE	01915 ZIP CODE
Title or Position TREASURER	617 Telephone number	

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Full Name of		
Designated Agent		
Mailing Address		
		1-1
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
	r Depositories: List all banks or other depositories in which the committee deposits funds, poxes or maintains funds. Depository, etc.	
Name of Bank,	Depository, etc.  CHAIN BRIDGE BANK, N.A.  1445-A LAUGHLIN AVE	
	Depository, etc.  CHAIN BRIDGE BANK, N.A.  1445-A LAUGHLIN AVE	
Name of Bank,	Depository, etc.  CHAIN BRIDGE BANK, N.A.  1445-A LAUGHLIN AVE	
Name of Bank,	Depository, etc.  CHAIN BRIDGE BANK, N.A.  1445-A LAUGHLIN AVE	101
Name of Bank,	Depository, etc.  CHAIN BRIDGE BANK, N.A.  1445-A LAUGHLIN AVE	101 ZIP CODE
Name of Bank,	Depository, etc.  CHAIN BRIDGE BANK, N.A.  1445-A LAUGHLIN AVE  MCLEAN  VA 222	
Name of Bank,  Mailing Address	Depository, etc.  CHAIN BRIDGE BANK, N.A.  1445-A LAUGHLIN AVE  MCLEAN  CITY  STATE  Depository, etc.	ZIP CODE
Name of Bank,  Mailing Address	Depository, etc.  CHAIN BRIDGE BANK, N.A.  1445-A LAUGHLIN AVE  MCLEAN  VA 222	ZIP CODE
Name of Bank,  Mailing Address	Depository, etc.  CHAIN BRIDGE BANK, N.A.  1445-A LAUGHLIN AVE  MCLEAN  CITY  STATE  Depository, etc.	ZIP CODE
Name of Bank,  Mailing Address  Name of Bank,	Depository, etc.  CHAIN BRIDGE BANK, N.A.  1445-A LAUGHLIN AVE  MCLEAN  CITY  STATE  Depository, etc.	ZIP CODE
Name of Bank,  Mailing Address  Name of Bank,	Depository, etc.  CHAIN BRIDGE BANK, N.A.  1445-A LAUGHLIN AVE  MCLEAN  CITY  STATE  Depository, etc.	ZIP CODE