

FEC
FORM 1STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (in full) (Check if name
is changed) Example: If typing, type
over the lines.

12FE4M5

ARMSTRONG 4 PHILLY

ADDRESS (number and street) (Check if address
is changed)

PHILADELPHIA

CITY ▲

PA

19104

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

 (Check if address
is changed)

VIVIAN_WEINBERG@ARMSTRONG4PHILLY.COM

Optional Second E-Mail Address

ARMSTRONG4PHILLY@REDCURVE.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

 (Check if address
is changed)

ARMSTRONG4PHILLY.COM

2. DATE

M M / D D / Y Y Y Y
01 / 16 / 2026

3. FEC IDENTIFICATION NUMBER ►

C C00929489

4. 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.

Type or Print Name of Treasurer PRIME, RONALD, , ,

Signature of Treasurer PRIME, RONALD, , ,

Date M M / D D / Y Y Y Y
01 / 16 / 2026NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100FEC FORM 1
(Revised 06/2012)

Write or Type Committee Name

ARMSTRONG 4 PHILLY

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: Connected Organization Affiliated Organization 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.

Full Name

PRIME, RONALD, , ,

Mailing Address

852 N 44TH ST

PA

19104

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

TREASURER

Telephone number

862 - 571 - 0819

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

PRIME, RONALD, , ,

Mailing Address

852 N 44TH ST

PA

19104

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

TREASURER

Telephone number

862 - 571 - 0819

Full Name of
Designated
Agent

WEINBERG, VIVIAN, , ,

Mailing Address

852 N 44TH ST

PHILADELPHIA

PA

19104

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

DESIGNATED AGENT

Telephone number

704

236

8500

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.

CHAIN BRIDGE BANK, N.A.

Mailing Address

1445A LAUGHLIN AVENUE

MCLEAN

VA

22101

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1. _____
2. _____
3. _____
4. _____

FEC ID number

C

FEC ID number

C

FEC ID number

C

FEC ID number

C

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

 Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

CRATE, BRADLEY, T., ,

Mailing Address

C/O RED CURVE SOLUTIONS

138 CONANT ST., SUITE 401

BEVERLY

MA

01915

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

ASSISTANT TREASURER

Telephone Number

617 - 303 - 6800

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

CITY ▲

STATE ▲

ZIP CODE ▲