Image# 202007209250460993				
FEC FORM 1	STATEMEI ORGANIZ			PAGE 1 / 4 —
				Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
RISCH PERDU				
	138 CONANT STREET			
ADDRESS (number and street)				
is changed)				
				1915
	CITY A		STATE A	ZIP CODE▲
COMMITTEE'S E-MAIL ADDR	RESS			
(Check if address	RISCHPERDUE@REI	DCURVE.COM		
is changed)				
	Optional Second E-Mail Ad	dress		
COMMITTEE'S WEB PAGE A (Check if address is changed)	DDRESS (URL)			
2. DATE 07	20 ⁷ Y Y Y Y 2020			
3. FEC IDENTIFICATION	NUMBER ► C C	00752212		
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 a	nd complete.
		,	,,	· · · · · · · ·
Type or Print Name of Treasu	rer CRATE, BRADLEY, , ,			
Signature of Treasurer	ATE, BRADLEY, , ,	[Electronically Filed]	Date 07	/ D D / Y Y Y Y 20 / 2020
NOTE: Submission of false, erro	neous, or incomplete information ANY CHANGE IN INFORMAT	may subject the person signing ON SHOULD BE REPORTED		ne penalties of 2 U.S.C. §437g.
Office Use Only		For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

07/20/2020 11 : 53

FEC Form 1 (Revised 02/2009) 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	Page 2
Candidate Committee: (a) This committee is a principal campaign committee. (Complete the candidate information below.)	e the candidate
(a) This committee is a principal campaign committee. (Complete the candidate information below.)	e the candidate
	e the candidate
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete	e the candidate
information below.)	
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate President	State
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	
	mocratic, publican, etc.) Party.
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	ted organization is a:
Corporation Corporation w/o Capital Stock	abor Organization
Membership Organization Trade Association Co	ooperative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segreg committee. (i.e., nonconnected committee)	gated 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.)	
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	r more political
Committees Participating in Joint Fundraiser	
JIM RISCH FOR U.S. SENATE COMMITTEE FEC ID number C C004403	362
2. PERDUE FOR SENATE	570
3 FEC ID number C	
4 FEC ID number C	

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FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

RISCH PERDUE VICTORY COMMITTEE

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

Mailing Address									
		STATE	ZIP CODE						
Relationship: Connected Organization Affiliated Committee 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.

CRATE, B	RADLEY, , ,
Full Name	
Mailing Address	138 CONANT STREET
	2ND FLOOR
	BEVERLY MA 01915 Image: Image
Title or Position	CITY STATE ZIP CODE
	Telephone number

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	CRATE, BRADLEY, , ,
Mailing Address	
	BEVERLY
	CITY STATE ZIP CODE
Title or Position TREASURER	Image: Telephone number 617 303 6800 Image: Telephone number Image: Telephone number 617 100

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent							1																		1		
Mailing Address																											
																	L			L							
						СІТ	ΓY										STA	ΛΤΕ				ZII	ΡC	COE	θE		
Title or Position																											
												Tele	eph	ione	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.

	CHAIN BRIDGE BANK, N.A.		
Mailing Address	1455-A LAUGHLIN AVENUE		
			22101
	CITY	STATE	ZIP CODE
Name of Bank, D	epository, etc.		
Mailing Address			
	CITY	STATE	ZIP CODE