

FEC FORM 1

STATEMENT OF ORGANIZATION

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Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

Rhode Island Republican State Central Committee

ADDRESS (number and street)

11800 Post Road Suite 117-I

(Check if address is changed)

Warwick

CITY ▲

RI

STATE ▲

02886

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

shp4dav@aol.com

Optional Second E-Mail Address

scienci7@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.rir.gop

2. DATE

10 / 01 / 2020

3. FEC IDENTIFICATION NUMBER ▶

C00078196

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

David J. Shepherd

Signature of Treasurer

David J. Shepherd

Date

10 / 01 / 2020

NOTE: 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 Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

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5. 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 the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State
 District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a S.T.A. (National, State or subordinate) committee of the R.E.P. (Democratic, Republican, etc.) Party.

Political Action 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.)

Joint Fundraising Representative:

- (g) 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.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C _____

2. _____ FEC ID number C _____

3. _____ FEC ID number C _____

4. _____ FEC ID number C _____

NONPROFIT CORPORATION

Write or Type Committee Name

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

Trump Victory
c/o Red Curve Solutions

Mailing Address

138 Conant Street 2nd Floor

Beverly MA 01915-
CITY 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.

Full Name

William Ricci

Mailing Address

5 Conway Street Unit 1

Providence RI 02903-
CITY STATE ZIP CODE

Title or Position

CITY

STATE

ZIP CODE

Secretary

Telephone number

401-429-5548

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

David J Shepherd

Mailing Address

154 Bear Hill Road Unit 1706

Cumberland RI 02864-
CITY STATE ZIP CODE

Title or Position

Treasurer

Telephone number

401-475-9172

2025 RELEASE UNDER E.O. 14176

Full Name of Designated Agent

[Empty grid line]

Mailing Address

[Empty grid line]

[Empty grid line]

[Empty grid line]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid line]

Telephone number

[Empty grid line]

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.

TD Bank

Mailing Address

231 County Road

[Empty grid line]

Barrington

RF

02806

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Chain Bridge Bank

Mailing Address

11445-A Laughlin Avenue

[Empty grid line]

McLean

VA

22101

CITY

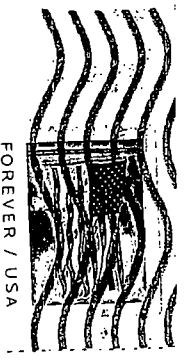
STATE

ZIP CODE

NONPROFIT CORPORATION

David Shepherd
154 Beas Hill Rd #1706
Cumberland, RI 02864

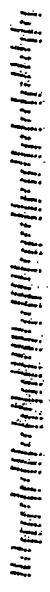
PROVIDENCE RI 028
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Federal Election Commission
1050 First Street, N.E.
Washington, DC 20463

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Federal Election Commission
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10/2/20 10/8/20

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No Postmark

Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery

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

Other (Specify): Date of Receipt or Postmarked

PREPARER *SPM* 10/13/20
 (3/2015) DATE PREPARED

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