**FEC** 

Only

# STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. West Virginia Republican Party, Inc. 700 Washington Street, East ADDRESS (number and street) Suite 201 (Check if address is changed) Charleston 25301-1620 WV CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address info@campaignfinancial.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) http://www.wvgop.org/ (Check if address is changed) DATE 2024 C00417063 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. Type or Print Name of Treasurer Davis, Michele,, Date 04 03 2024 Signature of Treasurer Davis, Michele, , , 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FEC Form 1 (Revised 03/2022)	Page <b>2</b>
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate informati	ion below.)
(b) This committee is an authorized committee, and is NOT a principal campaign commiting information below.)	ittee. (Complete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate	State President District
(c) This committee supports/opposes only one candidate, and is NOT an authorized con	mmittee.
Name of Candidate	
Party Committee:	
(d) X This committee is a STA (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on lin	ne 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 secommittee. (i.e., nonconnected committee)	separate segregated 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	5.)
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution ac	ccounts (Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburses net p committees/organizations, at least one of which is an authorized committee of a federal committee.	
(j) This committee collects contributions, pays fundraising expenses and disburses net p committees/organizations, none of which is an authorized committee of a federal can	-
Committees Participating in Joint Fundraiser	_
1.	C
	C

	FEC Form 1 (Revised 0	2/2009)	Page <b>3</b>
W	/rite or Type Committee Name		
	West Virginia Re	publican Party, Inc.	
S.	Name of Any Connected Or	rganization, Affiliated Committee, Joint Fundraising Representative, or Le	adership PAC Sponsor
	MOONEY VICTORY	FUND	
	Mailing Address	C/O RED CURVE SOLUTIONS	
		138 CONANT STREET, 2ND FLOOR	
		Beverly MA 0	1915-1666
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Representative	Leadership PAC Sponso
:	Custodian of Records: Idention books and records.	ify by name, address (phone number optional) and position of the person in po	essession of committee
	CFS, Comp	oliance, , ,	
	Full Name		
	Mailing Address	PO Box 30844	
		Bethesda MD 20	0824
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Custodian of Records	Telephone number	_ 654 3220
}.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and assistant treasurer).	the name and address of
	Full Name Davis, Mich	nele, , ,	
	Mailing Address	700 Washington Street	
		Suite 700	
		Charleston WV 2:	5302
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	

	FEC Form 1	(Revised 02/2009)		Page <b>4</b>
	Full Name of Designated Agent			
	Mailing Address			
			TATE ▲	ZIP CODE ▲
	Title or Position			
		Telephone numbe	r	
•		Depositories: List all banks or other depositories in which the committee cases or maintains funds.	deposits funds, hold	ls accounts, rents
	Name of Bank, D	epository, etc.		
		Chain Bridge Bank, N.A.		
	Mailing Address	1445-A Laughlin Avenue		
		McLean	VA 22101	
		CITY ▲ ST	ATE A	ZIP CODE ▲
	Name of Bank, D	epository, etc.		
		Wells Fargo		
	Mailing Address	8302 Woodmont Ave		
		Bethesda	MD 20814	
		CITY ▲ ST	ATE A	ZIP CODE ▲

# Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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1.			
_		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
Name of Any Connected	l Organization, Affiliated Committee, Joint Fun	ndraising Representative	e, or Leadership PAC Spons
MILLER VICTORY F	:UND		
Mailing Address	228 S WASHINGTON ST		
	SUITE 115		1 1 1 1 1 1 1 1 1
	ALEXANDRIA	VA VA	22314
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee X Joffy by name, address (phone number – optional)	oint Fundraising Represent	ative Leadership PAC Sp
Connected Agent: Identification   Full Name		oint Fundraising Represent	ative Leadership PAC Sp
Connected Connected Pesignated Agent: Identification		pint Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		pint Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identif	fy by name, address (phone number – optional)	sint Fundraising Represent	Leadership PAC Sp

# Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_ **of** 8\_\_\_

1. 2. 3. 4. Name of Any Connected	Organization, Affiliated Committee, Joint	FEC ID number  FEC ID number  FEC ID number  FEC ID number  FEC ID number	C C C e, or Leadership PAC Spons
3. 4. A. Name of Any Connected	Organization, Affiliated Committee, Joint	FEC ID number	C
4. Name of Any Connected	Organization, Affiliated Committee, Joint	FEC ID number	C
Name of Any Connected	Organization, Affiliated Committee, Joint		
_	Organization, Affiliated Committee, Joint	Fundraising Representative	e, or Leadership PAC Spons
_	Organization, Affiliated Committee, Joint	Fundraising Representative	e, or Leadership PAC Spons
TRUMP VICTORY			
Mailing Address	C/O RED CURVE SOLUTIONS		
	138 CONANT STREET, 2ND FLOOR		
	BEVERLY	MA	01915
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
		Joint Fundraising Represent	
Full Name	1		
Walling Address			
	CITY ▲	STATE A	ZIP CODE ▲
TITLE OR POSITION	▼ CITT X	SIAIL	ZIF GODE A
		Telephone Number	

### Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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i aye	OI.	

	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
-	l Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Spons
NRSC TARGETED S	STATE VICTORY		
Mailing Address	228 S WASHINGTON ST		
<b>3</b>	STE 115		
	ALEXANDRIA	, , , , VA ,	22314
	CITY ▲ ed Organization Affiliated Committee × J	STATE ▲	ZIP CODE ▲ ative Leadership PAC Sp
Connecte	CITY A	oint Fundraising Represent	
Connecte esignated Agent: Identi	CITY ▲ ed Organization Affiliated Committee × J	oint Fundraising Represent	
esignated Agent: Identi	CITY ▲ ed Organization Affiliated Committee × J	oint Fundraising Represent	
esignated Agent: Identi	CITY ▲ ed Organization Affiliated Committee × J	oint Fundraising Represent	
esignated Agent: Identi  Full Name  Mailing Address	CITY A  ed Organization Affiliated Committee X June 1	oint Fundraising Represent	
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	CITY A  ed Organization Affiliated Committee X June 1	oint Fundraising Representa	ative Leadership PAC Sp

### Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). <b>Joint Fundrais</b> i	g . a		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
-	d Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
TRUMP 47 COMMI			
Mailing Address	P.O. BOX 509		
Mailing Address			
	ADUNATON		20046
	ARLINGTON	VA VA	22216
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee X Join ify by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Ident		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Ident		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Ident		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Ident  Full Name  Mailing Address	ify by name, address (phone number – optional)	st Fundraising Represent	
esignated Agent: Ident	ify by name, address (phone number – optional)  Line (phone number – optional)  City ▲		
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION	ify by name, address (phone number – optional)  CITY   To	STATE A	ZIP CODE A
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION	ify by name, address (phone number – optional)  CITY   CITY   Cories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit	ify by name, address (phone number – optional)  CITY   CITY   Cories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or name of Bank,	ify by name, address (phone number – optional)  CITY   CITY   Cories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or name of Bank, epository, etc.	ify by name, address (phone number – optional)  CITY   CITY   Cories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit affety deposit boxes or name of Bank, epository, etc.	ify by name, address (phone number – optional)  CITY   CITY   Cories: List all banks or other depositories in which	STATE A	ZIP CODE A