

# FEC FORM 1

# STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)  (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

MARYLAND REPUBLICAN STATE CENTRAL COMMITTEE

ADDRESS (number and street) PO Box 631  
 (Check if address is changed)  
ANNAPOLIS MD 21404  
CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS  
 (Check if address is changed) james@mdgop.org  
Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)  
 (Check if address is changed) www.mdgop.org

2. DATE 04 / 04 / 2019

3. FEC IDENTIFICATION NUMBER C C00120055

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 Rosenthal, Robert, Christopher, ,

Signature of Treasurer Rosenthal, Robert, Christopher, , [Electronically Filed] Date 11 / 21 / 2022

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.

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  STA (National, State or subordinate) committee of the  REP (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.)
- (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 accounts (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 proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (j)  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. Amie Hoerber for Congress
2. Maryland Republican State Central Committee

C C00582296

C C00120055

Write or Type Committee Name

# MARYLAND REPUBLICAN STATE CENTRAL COMMITTEE

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

Mailing Address C/O RED CURVE SOLUTIONS  
 138 CONANT STREET, 2ND FLOOR  
 BEVERLY MA 01915  
 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 Appel, James, , ,  
 Mailing Address P.O. Box 631  
 Annapolis MD 21404  
 CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼  
 Comptroller Telephone number 202 - 510 - 7545

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 Rosenthal, Robert, Christopher, ,  
 Mailing Address P.O. Box 631  
 Annapolis MD 21404  
 CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼  
 Treasurer Telephone number 410 - 263 - 2125

Full Name of Designated Agent

[Empty field for Full Name of Designated Agent]

Mailing Address

[Empty field for Mailing Address]

[Empty field for Mailing Address]

[Empty field for Mailing Address]

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

[Empty field for Title or Position]

Telephone number [Empty field]

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.

BB&T

[Empty field for Name of Bank]

Mailing Address

5 Church Circle

[Empty field for Mailing Address]

Annapolis MD 21401

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Chain Bridge Bank

[Empty field for Name of Bank]

Mailing Address

1445-A Laughlin Avenue

[Empty field for Mailing Address]

McLean VA 22101

CITY ▲

STATE ▲

ZIP CODE ▲

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

FEC Form 1S (Revised 02/2017)

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

- 1. NRCC
- 2.
- 3.
- 4.

- FEC ID number C C00075820
- 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

Name of organization field

Mailing Address field

Relationship: CITY STATE ZIP CODE
 Connected Organization
 Affiliated Committee
 Joint Fundraising Representative
 Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name, Mailing Address, TITLE OR POSITION, CITY, STATE, ZIP CODE, Telephone Number

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