

**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

The Republican Party of the Virgin Islands

ADDRESS (number and street)

PO Box 9901

☒ (Check if address is changed)

St Thomas

CITY ▲

VI

STATE ▲

00801

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☒ (Check if address is changed)

alexbonthron@gmail.com

Optional Second E-Mail Address

ackleycampaign@protonmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☒ (Check if address is changed)

www.republicanpartyinthevirginislands

2. DATE

M M / D D / Y Y Y Y
12 / 08 / 2023

3. FEC IDENTIFICATION NUMBER ►

C C00841007

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 Hecht, Todd, D, Mr.,

Signature of Treasurer Hecht, Todd, D, Mr.,

Date

M M / D D / Y Y Y Y
12 / 08 / 2023

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
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

C

Write or Type Committee Name

The Republican Party of the Virgin Islands**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 Hecht, Todd, D, Mr,

Mailing Address PO Box 600314

St Thomas

VI

00801

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number 340 - 690 - 3344

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 Hecht, Todd, D, Mr,

Mailing Address PO Box 600314

St Thomas

VI

00801

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number 340 - 690 - 3344

Full Name of
Designated
Agent

King, Andrea, B, ,

Mailing Address

PO Box 600314

St Thomas

VI

00801

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Secretary

Telephone number

340

344

2143

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

1445-A Lauglin Ave

McLean

VA

22101

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲