PAGE 1/8 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) REPUBLICAN NATIONAL COMMITTEE 310 FIRST STREET SE ADDRESS (number and street) (Check if address is changed) WASHINGTON DC 20003 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS compliance@gop.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address www.gop.com is changed) DATE 02 08 2023 C00003418 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. CROSBIE, KRISTIN, , MRS., Type or Print Name of Treasurer CROSBIE, KRISTIN, , MRS., [Electronically Filed] 02 80 2023 Signature of Treasurer Date 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. **FEC FORM 1**

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

(Revised 06/2012)

02/08/2023 12:24

FEC	Form 1	1 (Revised 03/2022)	Page 2
. Т	YPE O	F COMMITTEE:	
C	andid	late Committee:	
(a	1)	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b) <u> </u>	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	e candidate
	Name Candid		
	Candid Party A	date Office Affiliation Sought: House Senate President	State
(c	:)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Nam Cand	e of didate	
P	arty C	Committee:	
(0	x	This committee is a NAT (National, State or subordinate) committee of the REP Republican	etc.) Party
Р	olitica	al Action Committee (PAC):	
(6	:)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:
		Corporation Corporation w/o Capital Stock Labor C	rganization
		Membership Organization Trade Association Coopera	
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	d 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.)	
(9)	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 PA	AC).
		In addition, this committee is a Lobbyist/Registrant PAC.	
J	oint F	undraising Representative:	
(i)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political
(j)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	r more political
	Com	mittees Participating in Joint Fundraiser	
	1	C	
		C	

	_			
_	FEC Form 1 (Revised 0)	2/2009)		Page 3
٧	Vrite or Type Committee Name			
_	REPUBLICAN	NATIONAL COMMITTE	E	
6.		ganization, Affiliated Committee, Joint Fund	draising Representative, or Le	adership PAC Sponsor
	2022 GEORGIA VIC	TORY COMMITTEE		
	Mailing Address	900 CIRCLE 75 PKWY SE		
	· ·	STE 100		
		ATIANTA		
		ATLANTA	GA 30	0339
		CITY ▲	STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization	pint Fundraising Representative	Leadership PAC Sponso
	_			_
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number optional)	and position of the person in pos	ssession of committee
		VOICTIN MOC		
	Full Name	KRISTIN, , MRS.,		
		1310 FIRST STREET SE		
	Mailing Address			
		WASHINGTON	DC 20	0003
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼	GII I	SIAIL	ZIP CODE A
	TREASURER	1		863 8500
	THE 700 THE 1		Telephone number	- 000
8.	Treasurer: List the name and any designated agent (e.g., a	I address (phone number optional) of the tr ssistant treasurer).	easurer of the committee; and t	he name and address of
	CROSRIE I	KRISTIN, , MRS.,		
	Full Name CROSBIE,			
	Mailing Address	310 FIRST STREET SE		
	Mailing Address			
		WASHINGTON	DC20	0003
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼	5 –	• · · · · · · · · · · · · · · · · · · ·	~~
	TDEAGUEED		. 200	. 962 9500

Telephone number

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of Designated Agent	FISHER, JOSH, , ,	
Mailing Address	310 FIRST STREET SE	
	WASHINGTON	20003
Till and Deciling	CITY ▲ STATE ▲	ZIP CODE ▲
Title or Position CFO		202 - 863 - 8616
	Depositories: List all banks or other depositories in which the committee deposits ses or maintains funds.	s funds, holds accounts, rents
Name of Bank, D	epository, etc.	
Mailing Address	BB&T	
	Washington	20006
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.	
	Chain Bridge Bank	
Mailing Address	1445-A Laughlin Ave	
	McLean VA	22101
	CITY ▲ STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

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h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint F	undraising Representativ	ve, or Leadership PAC Spon
House Majority T	rust		
	200 2 W 1' + 2' +		
Mailing Address	228 S. Washington Street		
	Suite 115		
	Alexandria	VA	22314
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Connecte		Joint Fundraising Represen	tative Leadership PAC Sp
Connecte	ed Organization Affiliated Committee		tative Leadership PAC Sp
Connecte esignated Agent: Identif	ed Organization Affiliated Committee		tative Leadership PAC Sp
esignated Agent: Identif	ed Organization Affiliated Committee		tative Leadership PAC Sp
esignated Agent: Identif	ed Organization Affiliated Committee		tative Leadership PAC Sp
esignated Agent: Identification Full Name Mailing Address	Affiliated Committee Ty by name, address (phone number – optional		Leadership PAC Sp
esignated Agent: Identif	Affiliated Committee Ty by name, address (phone number – optional	NI)	
esignated Agent: Identification Full Name Mailing Address	Affiliated Committee Ty by name, address (phone number – optional phone in the committee) CITY CITY	STATE A	
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Depositor	Affiliated Committee fy by name, address (phone number – optional content of the	STATE A Telephone Number	ZIP CODE A
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FEC Form 1S (Revised 02/2017)

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	C
3.		FEC ID number	С
4.		FEC ID number	С
lama of Any Composted	Organization, Affiliated Committee, Joint Fund	veising Denvesentativ	a ay Laadayahin DAC Chan
•	erica Great Again Committee	aising nepresentative	e, or Leadership FAC Spons
Mailing Address	C/O Red Curve Solutions		
	138 Conant Street, 2nd Floor		
	Beverly	MA	01915
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		t Fundraising Representa	Leadership PAC Sp
	d Organization Affiliated Committee Joint Joint y by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identify		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		t Fundraising Representa	Leadership PAC Sp
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esignated Agent: Identif	y by name, address (phone number – optional) CITY		
esignated Agent: Identify Full Name	y by name, address (phone number – optional) CITY To	STATE A	ZIP CODE A
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esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY ries: List all banks or other depositories in which	STATE A	ZIP CODE A
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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5(g) (or(h). Joint Fundraisin ç	g Participant:		
	1		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	С
	4		FEC ID number	C
6.	Name of Any Connected of Trump Victory	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
	Mailing Address	C/O Red Curve Solutions		
		138 Conant Street, 2nd Floor		
		Beverly	MA MA	01915
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee	Fundraising Represent	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
		Tel	ephone Number	
9.	Banks or Other Depositor safety deposit boxes or mai	ies: List all banks or other depositories in which t ntains funds.	he committee deposit	s funds, holds accounts, rents
	Depository, etc.			
	Mailing Address			
	Mailing Address			
	Mailing Address			

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

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h). Joint Fundraisin	9		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Funda	aising Representative	e, or Leadership PAC Spon
UNITED TO WIN			
Mailing Address	PO BOX 9891		
Maining Addition			
	ARLINGTON	, VA	22219
Deletienskin			
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee X Joint y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Sp
esignated Agent: Identify		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identify		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identify		Fundraising Representa	Leadership PAC Sp
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