FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. MAINE REPUBLICAN PARTY 9 HIGGINS STREET ADDRESS (number and street) (Check if address is changed) **AUGUSTA** 04330 ME CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address TIFFANY@MEGOP.COM is changed) Optional Second E-Mail Address MEGOP@REDCURVE.COM COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2025 C00003111 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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 DILDA-GASPAR, TIFFANY, , DILDA-GASPAR, TIFFANY, . . Date 04 18 2025 Signature of Treasurer 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

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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. (Completinformation below.)	ete the candidate
Name of Candidate	
Candidate Party Affiliation Office Sought: House Senate President	State
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Name of Candidate	
Party Committee:	
(d) X This committee is a STA (National, State or subordinate) committee of the REP Repub	ocratic, olican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected organization is a:
Corporation Corporation w/o Capital Stock Lat	bor Organization
Membership Organization Trade Association Co.	operative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	egated 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.)	
(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 (Hybridian Committee)	rid 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 t 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political
Committees Participating in Joint Fundraiser	
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V	Vrite or Type Committee Name	ICAN DADTV		
_	MAINE REPUBL			while DAO Consumer
6.	Name of Any Connected Of	ganization, Affiliated Committee, Joint Fundraising Re	presentative, or Leader	ship PAC Sponsor
	INKSC VICTOR I			
	Mailing Address	228 S WASHINGTON ST		
	J	STE 115		
		ALEXANDRIA	VA 22314	
		CITY ▲	STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundrais	ing Representative	Leadership PAC Sponso
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number optional) and position	n of the person in posses	sion of committee
		SPAR, TIFFANY, , ,		
	Full Name			
	Mailing Address	2 WOODLAND RD		
		ELLSWORTH	ME 04605	
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼		-	
	TREASURER	Telephone no	umber 207 - [907 9514
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the salary salary treasurer).	the committee; and the n	name and address of
	Full Name DILDA-GAS	SPAR, TIFFANY, , ,		
	of Treasurer			
	Mailing Address	2 WOODLAND RD		
		ELLSWORTH	ME 04605	
		CITY A	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	TREASURER	Telephone no	umber 207 - L	907 - 9514

Full Name of Designated Agent Mailing Address CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼ Telephone number Telephone number 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 TD BANK AUGUSTA AUGUSTA CITY ▲ STATE ▲ ZIP CODE ▲ Name of Bank, Depository, etc. CHAIN BRIDGE BANK	FEC Form 1	(Revised 02/2009)	Page 4
CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼ Telephone number Tolephone number Telephone number	Designated		
Title or Position ▼	Mailing Address		
Title or Position ▼			
Title or Position ▼			
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 101 WESTERN AVE AUGUSTA AUGUSTA CITY STATE ZIP CODE Name of Bank, Depository, etc.	Title ou Desition		ZIP CODE ▲
Name of Bank, Depository, etc. TD BANK Mailing Address 101 WESTERN AVE AUGUSTA CITY ▲ STATE ▲ ZIP CODE ▲ Name of Bank, Depository, etc.	Title or Position		
Mailing Address 101 WESTERN AVE	Banks or Other safety deposit box	Depositories: List all banks or other depositories in which the committee deposits funds, hold kes or maintains funds.	ls accounts, rents
Mailing Address 101 WESTERN AVE	Name of Bank, D	epository, etc.	
CITY ▲ STATE ▲ ZIP CODE ▲ Name of Bank, Depository, etc.	Mailing Address		
Name of Bank, Depository, etc.			ZIP CODE A
CHAIN BRIDGE BANK	Name of Bank, D	epository, etc.	
		CHAIN BRIDGE BANK	
Mailing Address 1445-A LAUGHLIN AVENUE	Mailing Address	1445-A LAUGHLIN AVENUE	
MCLEAN VA 22101		MCLEAN VA 22101	
CITY ▲ STATE ▲ ZIP CODE ▲		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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	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
TRUMP 47 COMMI	l Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
	ı P.O. BOX 509		
Mailing Address	P.O. BOX 509		
	ARLINGTON	VA	22216
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte Designated Agent: Identi	fy by name, address (phone number – optional)		
	fy by name, address (phone number – optional)		
Designated Agent: Identi	fy by name, address (phone number – optional)		
Pesignated Agent: Identi	fy by name, address (phone number – optional)		
Pesignated Agent: Identi	fy by name, address (phone number – optional)		
Pesignated Agent: Identi	CITY A	STATE A	ZIP CODE A
Pesignated Agent: Identi Full Name Mailing Address	CITY A	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit afety deposit boxes or mailing and mailing a	CITY CITY CITY Pries: List all banks or other depositories in which aintains funds. OF AMERICA 600 N WASHINGTON ST	elephone Number	
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or make the property of the position of the posit	CITY CITY CITY Ories: List all banks or other depositories in which aintains funds. OF AMERICA	elephone Number	

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	С
2. 🔲				FEC ID) number	С
3. 🗔				FEC IE	number	С
4.				FEC IE) number	C
Name of	Any Connected C	Organization, Affiliate	d Committee, Joint	Fundraising Rep	oresentative	e, or Leadership PAC Spons
AUST	IN THERIAULT	VICTORY FUND				<u> </u>
		ı 228 S WASHINGTO	N ST STE 115			
Mai	ling Address					
		ALEXANDRIA			L VA	22314
Rela	ationship:		CITY A		STATE ▲	ZIP CODE ▲
3	3 ,	by name, address (pr	none number – optior	nal)		
Full N			lone number – option	nal)		
Full N		Liliano, address (pr	ione number – optior	ial)		
Full N	lame	Liliani, address (pr	ione number – optior	ial)		
Full N	lame		ione number – optior	ial)		
Full N	lame		CITY A		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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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 GROW THE MAJOR	l Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spons
GROW THE MAJOR			
Mailing Address	228 S WASHINGTON ST STE 115		
	ALEXANDRIA	VA	22314
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte		int Fundraising Representa	ative Leadership PAC Sp
Connecte	ed Organization Affiliated Committee X Jo	int Fundraising Representa	ative Leadership PAC Sp
Connecte esignated Agent: Identi	ed Organization Affiliated Committee X Jo	int Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	ed Organization Affiliated Committee X Jo	int Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	ed Organization Affiliated Committee X Jo	int Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	Affiliated Committee X Jo	int Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	Affiliated Committee X Jo		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	Affiliated Committee X Journal of the position	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	Affiliated Committee X Journal of the position	STATE A Telephone Number	ZIP CODE A