Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. FRIENDS OF JEREMY SHAFFER PO BOX 391 ADDRESS (number and street) (Check if address is changed) **GIBSONIA** 15044 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS CHRIS@ELECTIONCFO.COM (Check if address is changed) Optional Second E-Mail Address BRENDA@ELECTIONCFO.COM COMMITTEE'S WEB PAGE ADDRESS (URL) HTTP://WWW.JEREMYSHAFFER.COM (Check if address is changed) DATE 10 2022 C00803726 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. MARSTON, CHRIS, , , Type or Print Name of Treasurer MARSTON, CHRIS, , , [Electronically Filed] Date 10 13 2022 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

EC Form 1 (Revised 03/2022)	Page 2
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 information below.)	e candidate
Name of Candidate SHAFFER, JEREMY, , ,	
Candidate Party Affiliation REP Sought: House Senate President	State PA District 17
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the Republican,	•
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:
Corporation Corporation w/o Capital Stock Labor O	rganization
Membership Organization Trade Association Coopera	_
In addition, this committee is a Lobbyist/Registrant PAC.	
This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated 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.)	
(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 PA	IC).
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 o 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 o committees/organizations, none of which is an authorized committee of a federal candidate.	r more political
Committees Participating in Joint Fundraiser	
1 C	

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- \	FEC Form 1 (Revised Vrite or Type Committee Name	•	Page 3
•	• •	JEREMY SHAFFER	
6.		Organization, Affiliated Committee, Joint Fundraising Representative, o	Leadership PAC Sponsor
		-17 REPUBLICAN NOMINEE FUND 2022	i i
	Mailing Address	PO BOX 9891	
		ARLINGTON	22219
		CITY ▲ STATE ▲	ZIP CODE ▲
	Polotionohin: Consected		
	Relationship: Connected	d Organization X Affiliated Organization Joint Fundraising Representative	Leadership PAC Sponso
7.	Custodian of Records: Iden books and records.	tify by name, address (phone number optional) and position of the person in	n possession of committee
	HANKINS	, BRENDA, , ,	
	Full Name		
	Mailing Address	PO BOX 26141	
			<u> </u>
		ALEXANDRIA	22313
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼	SINI =	
	TREASURER	Telephone number	. - -
		Telephone number	
8.	Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; a assistant treasurer).	nd the name and address of
	Full Name MARSTON	N, CHRIS, , ,	
	of Treasurer		
	Mailing Address	PO BOX 26141	
		ALEXANDRIA	22313
	Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
	TREASURER	Tolophono number	

	FEC Form 1	(Revised 02/2009)		Page 4
	II Name of esignated			
	gent			
Ma	ailing Address			
Tit	le or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
		Telephone n	number	
		Depositories: List all banks or other depositories in which the commes or maintains funds.	ittee deposits f	unds, holds accounts, rents
Na	me of Bank, D	epository, etc.		
		CHAIN BRIDGE BANK NA		
Ма	ailing Address	1445-A LAUGHLIN AVE		
		MCLEAN	VA 	22101
		CITY ▲	STATE ▲	ZIP CODE ▲
Na	me of Bank, D	epository, etc.		
Ма	ailing Address			
		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	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
ame of Any Connected	l Organization, Affiliated Committee, Joint Fundi	raising Representative	e, or Leadership PAC Spons
JEREMY SHAFF	ER VICTORY FUND		
Mailing Address	PO BOX 391		
	GIBSONIA	PA	15044
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee	t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	Affiliated Committee Joint Joint fy by name, address (phone number – optional)	t Fundraising Represent	Leadership PAC Sp
		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	t Fundraising Represent	
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	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.	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	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.	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A

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

FEC Form 1S (Revised 02/2017)

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5(g)	or(h). Joint Fundraisin	g Participant:		
,	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
	4.			
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	or Leadership PAC Sponsor
	TAKE BACK THE	HOUSE 2022		1
	Mailing Address	PO BOX 30844		
		BETHESDA	MD	
			MD	
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	d Organization Affiliated Committee	Fundraising Representat	ive Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number – optional)		
	Full Name			
	Mailing Address			
		T	1 1 . 1	1 1_1 1
		CITY ▲	STATE A	ZIP CODE ▲
	TITLE OR POSITION	V GITT A	SIAIL A	ZIF CODE A
			elephone Number	
9.		ries: List all banks or other depositories in which	the committee deposits	funde holde accounte ronte
	safety deposit boxes or ma			fullus, floids accounts, ferits
	Name of Bank, Depository, etc.	intains funds.		Turius, riolus accounts, rents
	Name of Bank,	intains funds.		Turius, riolus accounts, rents
	Name of Bank, Depository, etc.	intains funds.		Turius, riolus accounts, rents
	Name of Bank, Depository, etc.	intains funds.		

FEC Form 1S (Revised 02/2017)

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

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TITLE OR POSITION CITY A STATE A ZIP CODE A Telephone Number CITY A STATE A ZIP CODE A Telephone Number CITY A STATE A ZIP CODE A Telephone Number Title OR POSITION CITY A STATE A ZIP CODE A Telephone Number Title OR POSITION CITY A STATE A ZIP CODE A Telephone Number Title OR POSITION CITY A STATE A ZIP CODE A Telephone Number Title OR POSITION CITY A STATE A ZIP CODE A Telephone Number Title OR POSITION CITY A STATE A ZIP CODE A Telephone Number Title OR POSITION Mailing Address Affiliated Committee depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rent safety deposit boxes or maintains funds. Name of Bank, Depository, etc. Mailing Address		ng Participant:		
3.	1.		FEC ID number	С
A. STATE A ZIP CODE A Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spons SHAFFER VICTORY 2022 COMMITTEE Mailing Address PO BOX 391 Mailing Address PO BOX 391 Relationship: CITY A STATE A ZIP CODE A Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY A STATE A ZIP CODE A Telephone Number — Telephone Number — Pacific Standards accounts, rentsafety deposit boxes or maintains funds. Name of Bank, Depository, etc. Mailing Address	2		FEC ID number	С
Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spons SHAFFER VICTORY 2022 COMMITTEE Mailing Address PO BOX 391 GiBSONIA Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spons STATE ▲ Leadership PAC Spons STATE ▲ ZIP CODE ▲ TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number Title Organization Telephone Number Title Organization Title Organization Title Organization Title Organization Mailing Address Mailing Address Mailing Address Mailing Address Mailing Address	3.		FEC ID number	С
Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spons SHAFFER VICTORY 2022 COMMITTEE Mailing Address	4.		FEC ID number	C
SHAFFER VICTORY 2022 COMMITTEE Mailing Address PO BOX 391 GIBSONIA Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization				
Relationship: Connected Organization Affiliated Committee X Joint Fundraising Representative Leadership PAC Sp Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number Title Oppositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rentsalety deposit boxes or maintains funds. Name of Bank, Depository, etc. Mailing Address		_	ındraising Representative	e, or Leadership PAC Spons
Relationship: Connected Organization Affiliated Committee X Joint Fundraising Representative Leadership PAC Sp Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number Title Oppositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rentsalety deposit boxes or maintains funds. Name of Bank, Depository, etc. Mailing Address				
Relationship: Connected Organization Affiliated Committee X Joint Fundraising Representative Leadership PAC Sp Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number Title Oppositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rentsalety deposit boxes or maintains funds. Name of Bank, Depository, etc. Mailing Address				
Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization	Mailing Address	PO BOX 391		
Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization				
Connected Organization		GIBSONIA	PA PA	15011
Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number Telephone Number Telephone Number Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rentseafety deposit boxes or maintains funds. Name of Bank, Depository, etc. Mailing Address	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number Telephone Number Telephone Number Telephone Number Mailing Address Mailing Address	Designated Agent: Identi	ify by name, address (phone number - optiona)	
Telephone Number Telephone Number Telephone Number Telephone Number Telephone Number Telephone Number Mailing Address Telephone Number		ify by name, address (phone number – optiona)	
Telephone Number Telephone Number Telephone Number Telephone Number Telephone Number Telephone Number Mailing Address Telephone Number	Full Name	ify by name, address (phone number – optiona)	
Telephone Number Telephone Number Telephone Number Telephone Number Telephone Number Telephone Number Mailing Address Telephone Number	Full Name	ify by name, address (phone number – optiona		
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 Mailing Address	Full Name	ify by name, address (phone number – optiona		
Safety deposit boxes or maintains funds. Name of Bank, Depository, etc. Mailing Address Line Address	Full Name	CITY A		ZIP CODE A
Depository, etc. Mailing Address Line Indian Address	Full Name	CITY A	STATE A	ZIP CODE A
	Full Name Mailing Address TITLE OR POSITION	CITY ▲ ories: List all banks or other depositories in whether the state of the st	STATE A Telephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit tafety deposit boxes or make the same of Bank,	CITY ▲ Ories: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	s funds, holds accounts, rents
	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite the safety deposit boxes or make the safety deposit boxes or	CITY ▲ ories: List all banks or other depositories in what intains funds.	STATE A Telephone Number	s funds, holds accounts, rents
CITY ▲ STATE ▲ ZIP CODE ▲	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite the safety deposit boxes or make the safety deposit boxes or	CITY ▲ ories: List all banks or other depositories in what intains funds.	STATE A Telephone Number	s funds, holds accounts, rents