FEC

Only

STATEMENT OF

PAGE 1/5

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 STATE COMMITTEE OF DELAWARE 3408 LANCASTER PIKE ADDRESS (number and street) SUITE A (Check if address is changed) WILMINGTON 19805 DE CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address tcdatwyler@gmail.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00172510 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. Type or Print Name of Treasurer Truono, Gene,, Date 04 02 2024 Signature of Treasurer Truono, Gene, , , 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

| FEC Form 1 (Revised 03/2022) | Page 2 |
|--|---|
| TYPE OF COMMITTEE: | |
| Candidate Committee: | |
| (a) This committee is a principal campaign committee. (Complete the candidate information | on below.) |
| (b) This committee is an authorized committee, and is NOT a principal campaign commit information below.) | tee. (Complete the candidate |
| Name of Candidate '''' '''' '''' '''' '''' Candidate | |
| Candidate Party Affiliation Office Sought: House Senate | State President District |
| (c) This committee supports/opposes only one candidate, and is NOT an authorized com | mittee. |
| Name of Candidate | |
| Party Committee: | |
| (d) X This committee is a STA (National, State or subordinate) committee of the | (Democratic, Republican, etc.) Party |
| Political Action Committee (PAC): | |
| (e) This committee is a separate segregated fund. (Identify connected organization on line | e 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 se committee. (i.e., nonconnected committee) | eparate segregated 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 and the contribution accounts and the contribution accounts are contributed as the contribution accounts and the contribution accounts are contributed as the contribution accounts and the contribution accounts are contributed as the contributed a | counts (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 procommittees/organizations, at least one of which is an authorized committee of a feder | |
| (j) This committee collects contributions, pays fundraising expenses and disburses net procommittees/organizations, none of which is an authorized committee of a federal cand | |
| Committees Participating in Joint Fundraiser | |
| 1 , , , , , , , , , , , , , , , , , , | C |
| | |

Title or Position ▼

Treasurer

| | _ | | | _ |
|----|---------------------|--|-------------------------------------|--------------------------------|
| | FEC Form 1 | (Revised 02/2009) | | Page 3 |
| ٧ | Vrite or Type Commi | tee Name | | |
| | REPUBLIC | CAN STATE COMMITTEE (| OF DELAWARE | |
| 6. | - | nected Organization, Affiliated Committee, | Joint Fundraising Representative | e, or Leadership PAC Sponsor |
| | RED DAWN | RNC JFC | | |
| | | | | |
| | Mailing Address | 441 N LEE ST | | |
| | | STE 100 | | |
| | | ALEXANDRIA | VA V | 22314 |
| | | CITY ▲ | STATE A | ZIP CODE ▲ |
| | Relationship: | Connected Organization Affiliated Organization | | _ |
| | neialionship. | Alillated Organization | John Tundraising Represen | Leadership FAC Sponso |
| | | | | |
| 7. | | ords: Identify by name, address (phone number | optional) and position of the pers | on in possession of committee |
| | books and records | | | |
| | | Truono, Gene, , , | | |
| | Full Name | ,3408 Lancaster Pike | | |
| | Mailing Address | 3400 Latitastei Fike | | |
| | | Suite A | | |
| | | Wilmington | DE | 19805 |
| | | | | |
| | Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| | Treasurer | | | 715 338 8544 |
| | | | Telephone number | |
| _ | | | | |
| 8. | | name and address (phone number optional ent (e.g., assistant treasurer). | l) of the treasurer of the committe | e; and the name and address of |
| | Full Name | Truono, Gene, , , | | |
| | of Treasurer | | | |
| | Mailing Address | 3408 Lancaster Pike | | |
| | | Suite A | <u> </u> | <u> </u> |
| | | Wilmington | DE | 19805 |
| | | CITY ▲ | STATE A | ZIP CODE ▲ |

338

Telephone number

8544

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|-------------------------------------|--|---------------------------------|----------------------|
| Full Name of Designated Agent | Datwyler, Thomas, , , | | |
| Mailing Address | PO Box 183 | | |
| | | | |
| | Hudson | WI 5401 | 6 |
| Title or Decition | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| Title or Position | rer | ephone number 715 - | 338 - 8544 |
| | Depositories: List all banks or other depositories in which the xes or maintains funds. | ne committee deposits funds, ho | olds accounts, rents |
| Name of Bank, D | Depository, etc. | | |
| | TD Bank | | |
| Mailing Address | 101 Hygeia | | |
| | | | |
| | Newark | DE 1971 | 3 |
| | CITY A | STATE ▲ | ZIP CODE ▲ |
| Name of Bank, D | Depository, etc. | | |
| | | | |
| Mailing 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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|-------|-----------------|
| i ago | 01 |

| | ng Participant: | | |
|---|--|--------------------------------------|--------------------------------|
| 1. | | FEC ID number | er C |
| 2. | | FEC ID number | er C |
| 3. | | FEC ID number | er C |
| 4. | | FEC ID number | er C |
| | | | |
| ame of Any Connected | Organization, Affiliated Committee, Joint | Fundraising Representa | ative, or Leadership PAC Spons |
| TRUMP 47 COMMIT | TEE | | |
| | | | |
| Mailing Address | P.O. BOX 509 | | |
| | 1 | | |
| | 1011107011 | \/A | 22216 |
| | ARLINGTON | I VA | |
| Relationship: | ARLINGTON CITY | STATE | ZIP CODE A |
| Connecte | CITY ▲ | STATE Joint Fundraising Repres | |
| esignated Agent: Identif | CITY ▲ d Organization Affiliated Committee | STATE Joint Fundraising Repres | |
| Connecte esignated Agent: Identif | CITY ▲ d Organization Affiliated Committee | STATE Joint Fundraising Repres | |
| esignated Agent: Identif | CITY ▲ d Organization Affiliated Committee | STATE Joint Fundraising Repres | |
| esignated Agent: Identification Full Name Mailing Address | CITY A d Organization Affiliated Committee X y by name, address (phone number – option | STATE Joint Fundraising Repres | Leadership PAC Sp |
| esignated Agent: Identif | CITY A d Organization Affiliated Committee X y by name, address (phone number – option | STATE Joint Fundraising Repres al) | Leadership PAC Sp |