**FEC** 

Only

# STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Republican Federal Committee of Pennsylvania 3501 North Front Street ADDRESS (number and street) (Check if address is changed) Harrisburg 17110 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address skeckler@pagop.org is changed) Optional Second E-Mail Address nwatkins@robertwatkins.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address www.pagop.org is changed) DATE 2024 C00044842 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 Baker, Michael, , 05 28 2024 Signature of Treasurer Baker, Michael, , , 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. 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 below.)	
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	candidate
Name of Candidate	
Candidate Office 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 (Democratic, Republican, e	etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	organization is a:
Corporation Corporation w/o Capital Stock Labor Org	janization
Membership Organization Trade Association Cooperation	ve .
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	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 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 two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
Committees Participating in Joint Fundraiser	
1. [	

1	FEC Form 1 (Revised	d 02/2009)	Page <b>3</b>
٧	Write or Type Committee Nar	me	
_	Republican Fed	deral Committee of Pennsylvania	
6.	Name of Any Connected	l Organization, Affiliated Committee, Joint Fundraising Representati	ive, or Leadership PAC Sponsor
	Smucker Victory Co	Committee	<u> </u>
	Mailing Address	824 S. Milledge Avenue	
		Suite 101	<u></u>
		Athens	30605
		OITV A	ZID 0005 :
		CITY ▲ STATE	
	Relationship: Connect	ted Organization Affiliated Organization X Joint Fundraising Repres	Sentative Leadership PAC Spons
7.	Custodian of Records: Ide	lentify by name, address (phone number optional) and position of the pe	rson in possession of committee
	books and records.		
	Keckler,	, Stuart, , ,	
	Full Name		
	Mailing Address	112 State Street	
		Harrisburg	17101
	Title or Position ▼	CITY ▲ STATE	▲ ZIP CODE ▲
	Comptroller		ı 717 <sub>   </sub> 234 <sub>   </sub> 4901
	Computationer	Telephone number	
8.	Treasurer: List the name any designated agent (e.g.	and address (phone number optional) of the treasurer of the commit g., assistant treasurer).	ttee; and the name and address of
		Michael, , ,	
	of Treasurer	440.00-10.20	
	Mailing Address	112 State Street	
			<u> </u>
		Harrisburg	17101
		CITY ▲ STATE	▲ ZIP CODE ▲
	Title or Position ▼	C — SIMIL	
	Treasurer	Telephone number	717  - 234  - 4901

Telephone number

Full Name of Designated Agent  Mailing Address  CITY ▲ STATE ▲ ZIP CODE ▲  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.  Truist Bank	ised 02/2009) Page <b>4</b>
CITY ▲ STATE ▲ ZIP CODE ▲  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.	
Title or Position ▼  Telephone number  Telephone number  Telephone number  Telephone number  Name of Bank, Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.	
Title or Position ▼  Telephone number  Telephone number  Telephone number  Telephone number  Name of Bank, Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.	
Title or Position ▼  Telephone number  Telephone number  Telephone number  Telephone number  Name of Bank, Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.	
. 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.	CITY ▲ STATE ▲ ZIP CODE ▲
. 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.	
safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.	
Truist Bank	tory, etc.
400 V O WW	
Mailing Address 1909 K Street, N.W.	1909 K Street, N.W.
Washington	Washington DC 20006
CITY ▲ STATE ▲ ZIP CODE ▲	CITY ▲ STATE ▲ ZIP CODE ▲
Name of Bank, Depository, etc.	tory, etc.
First National Bank	t National Bank
Mailing Address 1 North Shore Center, #503	1 North Shore Center, #503
Pittsburgh PA 15212	Pittsburgh
CITY ▲ STATE ▲ ZIP CODE ▲	

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(h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
-	Organization, Affiliated Committee, Joint Fe	undraising Representativ	e, or Leadership PAC Spons
Trump Victory			
Mailing Address	c/o Red Curve Solutions		
	131 Conant Street, 2nd Floor		
	Beverly	MA	01915
Deletienskin		STATE A	ZIP CODE ▲
	CITY ▲  d Organization	Joint Fundraising Represent	ative Leadership PAC Spo
Connecte	d Organization Affiliated Committee	Joint Fundraising Represent	ative Leadership PAC Spo
Connected Connected Pesignated Agent: Identification	d Organization Affiliated Committee	Joint Fundraising Represent	ative Leadership PAC Spo
Connected Agent: Identification   Full Name	d Organization Affiliated Committee	Joint Fundraising Represent	ative Leadership PAC Spo
Connected Agent: Identification   Full Name	d Organization Affiliated Committee	Joint Fundraising Represent	ative Leadership PAC Spo
Connected Agent: Identification   Full Name	y by name, address (phone number – optiona	Joint Fundraising Represent	Leadership PAC Spo
Connected Agent: Identification of the Agent Age	y by name, address (phone number – optiona	Joint Fundraising Represent	
Connected sesignated Agent: Identification of Bank, Chain	y by name, address (phone number – optional CITY A	STATE  Telephone Number	ZIP CODE A
Connected Pesignated Agent: Identification of Bank, Depository, etc.	y by name, address (phone number – optional CITY A  CITY A  pries: List all banks or other depositories in what aintains funds.  Bridge Bank	STATE  Telephone Number	ZIP CODE A

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h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
	l Organization, Affiliated Committee, Joint Fur	draising Representative	e, or Leadership PAC Spon
Team Fitz			
Mailing Address	P. O. Box 30844		
	Bethesda	MD	20824
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee X Joffy by name, address (phone number – optional)	int Fundraising Represent	ative Leadership PAC Sp
Connecte		int Fundraising Represent	ative Leadership PAC Sp
Connecte esignated Agent: Identi		int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Identification of the compact of t	fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in whice	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification of the composite of the c	fy by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in which an anintains funds.  Fargo Bank	STATE A Telephone Number	ZIP CODE A

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

Page \_\_\_ **of** \_\_\_\_

h). <b>Joint Fundraisi</b>	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 State Republican Vi	I Organization, Affiliated Committee, Joint Functory Fund	draising Representative	e, or Leadership PAC Spons
Mailing Address	1201 F Street, N.W.		
	Suite 675		
	Washington	DC	20004
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee X Joint Joi	nt Fundraising Representa	Leadership PAC Sp
		nt Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	nt Fundraising Representation	Leadership PAC Sp
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Identification Full Name     Mailing Address	fy by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in which anintains funds.  Bank  2001 K Street, N.W.	STATE A Telephone Number	ZIP CODE A
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   Ories: List all banks or other depositories in which anintains funds.  Bank	STATE A Telephone Number	ZIP CODE A

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

Page \_\_\_ **of** \_\_\_\_

n). <b>Joint Fundraisi</b> r	ig 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 Fun	ndraising Representativ	e, or Leadership PAC Spon
Team Perry Victory			
Mailing Address	3501 N. Front Street, #200		
-			
	Harrisburg	PA	17110
Deletionalsia	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee X Jo	oint Fundraising Represent	ative Leadership PAC Sp
Connecte		oint Fundraising Represent	ative Leadership PAC Sp
Connecte	d Organization Affiliated Committee X Jo	oint Fundraising Represent	ative Leadership PAC Sp
Connecte esignated Agent: Identif	d Organization Affiliated Committee X Jo	oint Fundraising Represent	ative Leadership PAC Sp
Connecte esignated Agent: Identif	d Organization Affiliated Committee X Jo	oint Fundraising Represent	ative Leadership PAC Sp
Connecte  esignated Agent: Identif  Full Name  Mailing Address	d Organization Affiliated Committee X Joy by name, address (phone number – optional)	sint Fundraising Represent	Leadership PAC Sp
Connecte esignated Agent: Identif	y by name, address (phone number – optional)  CITY	STATE A	
Connecte  esignated Agent: Identif  Full Name  Mailing Address	d Organization Affiliated Committee X Joy by name, address (phone number – optional)		
Connecte  signated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION  nks or Other Deposito fety deposit boxes or mail me of Bank,	Affiliated Committee X Journal by by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A
Connecte  esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite fety deposit boxes or management of Bank, epository, etc.	Affiliated Committee X Journal by by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in which aintains funds.	STATE A  Telephone Number	ZIP CODE A

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h). <b>Joint Fundraisi</b>	ng ruruoipunti		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
Protect the House 20	I Organization, Affiliated Committee, Joint Fu 024	ndraising Representativ	e, or Leadership PAC Spon
Mailing Address	P. O. Box 30844		
	Bethesda	MD	20824
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte		oint Fundraising Represent	ative Leadership PAC Sp
Connecte	ed Organization Affiliated Committee X		ative Leadership PAC Sp
Connecte esignated Agent: Identi	ed Organization Affiliated Committee X		ative Leadership PAC Sp
esignated Agent: Identi	ed Organization Affiliated Committee X		ative Leadership PAC Sp
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esignated Agent: Identi	Affiliated Committee X		Ative Leadership PAC Sp
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	Affiliated Committee X		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	Affiliated Committee X  fy by name, address (phone number – optional  CITY   CITY   pries: List all banks or other depositories in what intains funds.	STATE A  Telephone Number	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	Affiliated Committee X  fy by name, address (phone number – optional  CITY   CITY   pries: List all banks or other depositories in what intains funds.	STATE A  Telephone Number	ZIP CODE A  ts funds, holds accounts, rent
connecte esignated Agent: Identi Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank,	Affiliated Committee X  fy by name, address (phone number – optional  CITY   CITY   Ories: List all banks or other depositories in what a sintains funds.	STATE A  Telephone Number  ich the committee deposit	ZIP CODE A  ts funds, holds accounts, rent

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h). <b>Joint Fundrais</b> i			
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	d Organization, Affiliated Committee, Joint I	Fundraising Representativ	e, or Leadership PAC Spon
NRSC Victory			
	228 S. Washington Street		
Mailing Address	Suite 115		
	Alexandria	L VA	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee X fy by name, address (phone number – option	Joint Fundraising Represent	ative Leadership PAC Sp
			ative Leadership PAC Sp
esignated Agent: Ident			ative Leadership PAC S
esignated Agent: Ident			ative Leadership PAC S
esignated Agent: Ident			ative Leadership PAC S
esignated Agent: Ident	fy by name, address (phone number – option		ZIP CODE A
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – option	al)	
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – option	al) STATE	
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – option  CITY ▲  Ories: List all banks or other depositories in v	STATE  Telephone Number	ZIP CODE A
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or n	fy by name, address (phone number – option  CITY ▲  Ories: List all banks or other depositories in v	STATE  Telephone Number	ZIP CODE A
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – option  CITY   Ories: List all banks or other depositories in variantains funds.	STATE  Telephone Number	ZIP CODE A  ts funds, holds accounts, ren
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or name of Bank,	fy by name, address (phone number – option  CITY   Ories: List all banks or other depositories in variantains funds.	STATE   Telephone Number  which the committee deposit	ZIP CODE A  ts funds, holds accounts, ren
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	fy by name, address (phone number – option  CITY   Ories: List all banks or other depositories in variantains funds.	STATE   Telephone Number  which the committee deposit	ZIP CODE A  ts funds, holds accounts, ren
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## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). <b>Joint Fundraisi</b> r	•		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fund	raising Representativ	e, or Leadership PAC Spon
Grow the Majority			
Mailing Address	228 S. Washington Street		
	Suite 115		1 1 1 1 1 1 1 1 1
Relationship:	Alexandria CITY	VA STATE ▲	22314 ZIP CODE ▲
		t Fundraising Represent	
esignated Agent: Identif	y by name, address (phone number – optional)		
esignated Agent: Identif	y by name, address (phone number – optional)	STATE A	ZIP CODE A
esignated Agent: Identif  Full Name  Mailing Address	y by name, address (phone number – optional)  CITY	STATE A	ZIP CODE A
esignated Agent: Identif  Full Name	y by name, address (phone number – optional)  CITY   To  ries: List all banks or other depositories in which	the committee deposit	
esignated Agent: Identify Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposited afety deposit boxes or mail	y by name, address (phone number – optional)  CITY   To  ries: List all banks or other depositories in which	the committee deposit	s funds, holds accounts, rent
esignated Agent: Identification Full Name	y by name, address (phone number – optional)  CITY   CITY   To  ries: List all banks or other depositories in which aintains funds.	the committee deposit	s funds, holds accounts, rent
esignated Agent: Identification Full Name	y by name, address (phone number – optional)  CITY   CITY   To  ries: List all banks or other depositories in which aintains funds.	the committee deposit	s funds, holds accounts, rent

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h). <b>Joint Fundrais</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
7.			
-	d Organization, Affiliated Committee, Joint F	Fundraising Representativ	e, or Leadership PAC Spon
Team McCormick			
Mailing Address	P. O. Box 23537		
	Pittsburgh	PA	15222
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee X  fy by name, address (phone number – option	Joint Fundraising Represent	ative Leadership PAC Sp
			Leadership FAC 3
esignated Agent: Ident			Leadership FAC 3
esignated Agent: Ident			Leadership FAC 3
esignated Agent: Ident			Leadership FAC 3
esignated Agent: Ident	fy by name, address (phone number – options		ZIP CODE A
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – options	al)	
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITIO	fy by name, address (phone number – options  CITY ▲  Ories: List all banks or other depositories in w	STATE A Telephone Number	ZIP CODE A
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit	fy by name, address (phone number – options)  CITY   Ories: List all banks or other depositories in what intains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or name of Bank,	fy by name, address (phone number – options)  CITY   Ories: List all banks or other depositories in what intains funds.	STATE   Telephone Number  which the committee deposit	ZIP CODE A
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h). <b>Joint Fundraisi</b>		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
ame of Any Connected Trump 47 Committed	I Organization, Affiliated Committee, Joint Fund e, Inc.	raising Representative	e, or Leadership PAC Spon
Mailing Address	P. O. Box 509		
	Arlington	, ,   VA	22216
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee X Joint	t Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identi	Affiliated Committee X Joint fy by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC S
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esignated Agent: Identi		t Fundraising Representa	Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional)	t Fundraising Representation	Leadership PAC Sp
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	fy by name, address (phone number – optional)  CITY   CITY   To  pries: 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 Deposite afety deposit boxes or makes.	fy by name, address (phone number – optional)  CITY   CITY   To  pries: 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 Deposite afety deposit boxes or mane of Bank,	fy by name, address (phone number – optional)  CITY   CITY   To  pries: 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 Deposite afety deposit boxes or mane of Bank,	fy by name, address (phone number – optional)  CITY   CITY   To  pries: 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 Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional)  CITY   CITY   To  pries: 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 Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional)  CITY   CITY   To  pries: List all banks or other depositories in which	STATE A	ZIP CODE A