**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 01 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, , 09 20 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)	ıge <b>2</b>
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 candid information below.)	ate
Name of Candidate	
Candidate Office Starty Affiliation Sought: House Senate President	-
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	ct
Name of Candidate	
Party Committee:  (d) X This committee is a STA (National, State or subordinate) committee of the REP (Democratic, Republican, etc.) Party Committee:	arty
Political Action Committee (PAC):  (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	zation is a:
Corporation Corporation w/o Capital Stock Labor Organization  Trade Association Cooperative	On
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 fund of committee. (i.e., nonconnected committee)	r 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 more p committees/organizations, at least one of which is an authorized committee of a federal candidate.	olitical
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more proceeds committees/organizations, none of which is an authorized committee of a federal candidate.	olitical
Committees Participating in Joint Fundraiser	
1	

	FEC Form 1 (Revised 0	2/2009)	F	Page <b>3</b>
٧	Vrite or Type Committee Name	<u> </u>		g- <del>-</del>
		eral Committee of Pennsylvania		
6.	•	ganization, Affiliated Committee, Joint Fundraising Represe	entative, or Leadership PA	AC Sponsor
	Smucker Victory Cor	nmittee		
	Mailing Address	824 S. Milledge Avenue		
		Suite 101		
		Athens	GA 30605	]-[
		CITY ▲ ST.	TATE ▲ ZIP C	ODE A
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Re	epresentative Leaders	ship PAC Sponso
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number optional) and position of the	ne person in possession of c	committee
	Keckler, St	uart, , ,		
	Full Name			
	Mailing Address	3501 North Front Street		
		Harrisburg	PA   17110	]-[
		CITY ▲ ST.	TATE ▲ ZIP C	ODE A
	Title or Position ▼			
	Comptroller	Telephone number	r 717 – 234	_ 4901
8.	Treasurer: List the name an any designated agent (e.g., a	d address (phone number optional) of the treasurer of the consistant treasurer).	mmittee; and the name an	d address of
	Full Name Baker, Mic of Treasurer	nael, , ,		1 1 1 1 1
	Mailing Address	3501 North Front Street		
		Harrisburg	PA 17110	
		CITY ▲ ST.	TATE ▲ ZIP C	ODE <b></b>
	Title or Position ▼    Treasurer	_	r   717  -  234	-  4901

FEC <b>Fo</b> r	m 1 (Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent		
Mailing Addre	ess	
	CITY ▲ STATE ▲	ZIP CODE ▲
Title or Positi	on ▼	
	Telephone number	
safety deposit	ner Depositories: List all banks or other depositories in which the committee deposits further boxes or maintains funds.  k, Depository, etc.	unds, holds accounts, rents
	Truist Bank	
Mailing Addre	ss 1909 K Street, N.W.	
	Washington	20006
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Ban	k, Depository, etc.	_
	First National Bank	
Mailing Addre	ss 1 North Shore Center, #503	
	Pittsburgh	15212
	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: Identification of the Agent in the Ag	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 A  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 A  Telephone Number	ZIP CODE A

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

h). <b>Joint Fundraisi</b>			
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spon
Team Fitz			
Mailing Address	P. O. Box 30844		
	Bethesda	MD MD	20824
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		int Fundraising Represent	Leadership PAC S
	Affiliated Committee X Join fy by name, address (phone number – optional)	int Fundraising Represent	Leadership PAC S
esignated Agent: Identi		int Fundraising Represent	Leadership PAC S
esignated Agent: Identi		int Fundraising Represent	Leadership PAC S
esignated Agent: Identi		int Fundraising Represent	Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional)	int Fundraising Represent	Leadership PAC S
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, Wells	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	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, Wells	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in whice aintains 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	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in whice aintains funds.  Fargo Bank	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	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in whice aintains funds.  Fargo Bank	STATE A Telephone Number	ZIP CODE A

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

h). <b>Joint Fundraisi</b> i	1	EEC ID words	C
1.		FEC ID number	
2.		FEC ID number	C
3.		FEC ID number	C
4		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spon
State Republican Vic	etory Fund		
Mailing Address	1201 F Street, N.W.		
	Suite 675	<u> </u>	<u> </u>
	Washington	DC DC	20004
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		Fundraising Representa	Leadership PAC S
	y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional)	STATE A	Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional)  CITY		
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or m	y by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or m  ame of Bank, Eagle	y by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or m	y by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or m  ame of Bank, epository, etc.  Eagle	y by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which aintains funds.  Bank	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or m  ame of Bank, epository, etc.  Eagle	y by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which aintains funds.  Bank	STATE A	ZIP CODE A

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

(h). <b>Joint Fundraisi</b> r		FEC ID number	C
2.		FEC ID number	С
		FEC ID number	С
3.		FEC ID number	С
4.			
lame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Team Perry Victory			
Mailing Address	3501 N. Front Street, #200		
Maining / Address			
	Harrisburg	PA	17110
Relationship:	CITY A	STATE A	ZIP CODE A
		Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identif	d Organization Affiliated Committee X Joint	Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif	d Organization Affiliated Committee X Joint	Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif	d Organization Affiliated Committee X Joint	Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif	d Organization Affiliated Committee X Joint by by name, address (phone number – optional)		
esignated Agent: Identif	d Organization Affiliated Committee X Joint by by name, address (phone number – optional)	Fundraising Representation	Leadership PAC Sp
esignated Agent: Identif  Full Name  Mailing Address	d Organization Affiliated Committee X Joint by by name, address (phone number – optional)  CITY		
esignated Agent: Identif  Full Name  Mailing Address	d Organization Affiliated Committee X Joint by by name, address (phone number – optional)  CITY	STATE A	
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION	d Organization Affiliated Committee X Joint  by by name, address (phone number – optional)  CITY A  CITY A  Pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or market	Affiliated Committee X Joint  by by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or market	d Organization Affiliated Committee X Joint  by by name, address (phone number – optional)  CITY A  CITY A  Pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mailing and the second	Affiliated Committee X Joint  by by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or material depositions, epository, etc.	Affiliated Committee X Joint  by by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which aintains funds.  C City Bank	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or material depositions, epository, etc.	Affiliated Committee X Joint  by by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which aintains funds.  C City Bank	STATE A	ZIP CODE A

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	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
		,	
-	Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spon
Protect the House 2	)24 		
Mailing Address	P. O. Box 30844		
	Bethesda	MD	20824
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee X J  fy by name, address (phone number – optional)	oint Fundraising Represent	ative Leadership PAC Sp
			Leadership PAC Sp
esignated Agent: Identi			Ative Leadership PAC Sp
esignated Agent: Identi			Leadership PAC Sp
esignated Agent: Identi			Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)		Leadership PAC Sp
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in whitaintains 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 management and ma	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in whitaintains 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	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in whitaintains 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	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in whitaintains funds.	STATE A  Telephone Number	ZIP CODE A

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

5(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	C
2.			FEC ID number	C
3.			FEC ID number	С
4.			FEC ID number	C
6. <b>Name</b>	of Any Connected O	rganization, Affiliated Committee, Joint Fundra	ising Ponrosontative	or Leadership BAC Spensor
	SC Victory	rganization, Anniated Committee, John Fundra	ising nepresentative	, or Leadership PAC Sponsor
N	Mailing Address	228 S. Washington Street		
		Suite 115		
		Alexandria	L VA	22314
F	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected (	Organization Affiliated Committee X Joint F	Fundraising Representa	Leadership PAC Sponsor
	ated Agent: Identify I	oy name, address (phone number – optional)		
Ful		oy name, address (phone number – optional)		
Ful	I Name	oy name, address (phone number – optional)		
Ful	I Name	py name, address (phone number – optional)		
Ful Ma	I Name	CITY A	STATE A	ZIP CODE A
Ful Ma	I Name	CITY A	STATE A	ZIP CODE A
9. Banks safety Name	I Name	CITY   CITY   Tele  Ses: List all banks or other depositories in which the	ephone Number	s funds, holds accounts, rents
9. Banks safety of Deposit	I Name illing Address  TLE OR POSITION   or Other Depositoric deposit boxes or main  of Bank,	CITY   CITY   Tele  Ses: List all banks or other depositories in which the stains funds.	ephone Number	s funds, holds accounts, rents
9. Banks safety of Deposit	I Name illing Address  TLE OR POSITION   or Other Depositorie deposit boxes or main of Bank, tory, etc.	CITY   CITY   Tele  Ses: List all banks or other depositories in which the stains funds.	ephone Number	s funds, holds accounts, rents

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	ng Participant:			
1.		FI	EC ID number	С
2		FI	EC ID number	C
3.		FE	EC ID number	С
4.			EC ID number	С
ame of Any Connected	Organization, Affiliated Commit	tee. Joint Fundraising	a Representativ	e. or Leadership PAC Spon
Grow the Majority				
Mailing Address	228 S. Washington Street			
	Suite 115			
	Alexandria		VA	22314
Relationship:	CITY A		STATE ▲	ZIP CODE ▲
	Affiliated Commity by name, address (phone numb		raising Represent	ative Leadership PAC Sp
			raising Represent	ative Leadership PAC Sp
esignated Agent: Identi			raising Represent	Leadership PAC Sp
esignated Agent: Identi			raising Represent	ative Leadership PAC Sp
esignated Agent: Identi			raising Represent	ative Leadership PAC Sp
esignated Agent: Identi	by by name, address (phone numb		raising Represent	Leadership PAC Sp
esignated Agent: Identi  Full Name  Mailing Address	by by name, address (phone numb	er – optional)		
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION	CITY A  pries: List all banks or other depo- aintains funds.	er – optional)  Telepho	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY A  pries: List all banks or other depo- aintains funds.	er – optional)  Telepho	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY A  pries: List all banks or other depo- aintains funds.	er – optional)  Telepho	STATE A	ZIP CODE A

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h). <b>Joint Fundraisi</b>	ng Participant:			
1.		FE	C ID number	С
2.		FE	C ID number	C
3.		FE	C ID number	С
4.			C ID number	С
ame of Any Connected , Team McCormick	Organization, Affiliated Committ	ee, Joint Fundraising	Representative	e, or Leadership PAC Spons
Team vicComick				
Mailing Address	P. O. Box 23537			1 1 1 1 1 1 1 1 1
	Pittsburgh		PA	15222
Relationship:	CITY A		STATE A	ZIP CODE ▲
	d Organization Affiliated Commy y by name, address (phone number		aising Represent	ative Leadership PAC Sp
			aising Represent	ative Leadership PAC Sp
esignated Agent: Identi			aising Represent	ative Leadership PAC Sp
esignated Agent: Identi			aising Represent	Leadership PAC Sp
esignated Agent: Identi			aising Represent	Leadership PAC Sp
esignated Agent: Identi	y by name, address (phone number		aising Represent	Leadership PAC Sp
esignated Agent: Identi  Full Name  Mailing Address	y by name, address (phone number	er – optional)		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	y by name, address (phone number of the control of	er – optional)  Telephor	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mailing and the second content of the second content	y by name, address (phone number of the control of	er – optional)  Telephor	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	y by name, address (phone number of the control of	er – optional)  Telephore itories in which the co	STATE Ane Number	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank,	y by name, address (phone number of the control of	er – optional)  Telephore itories in which the co	STATE Ane 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	y by name, address (phone number of the control of	er – optional)  Telephore itories in which the co	STATE Ane 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	y by name, address (phone number of the control of	er – optional)  Telephore itories in which the co	STATE Ane Number	ZIP CODE A

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h). <b>Joint Fundraisi</b>			
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
		,	
ame of Any Connected	l Organization, Affiliated Committee, Joint Fu	ndraising Representativ	ve, or Leadership PAC Spon
Trump 47 Committee	e, Inc.		
Mailing Address	P. O. Box 509		
	Arlington	, , , ,   VA	22216
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	ed Organization Affiliated Committee X J	oint Fundraising Represen	tative Leadership PAC Sp
			tative Leadership PAC Sp
esignated Agent: Identi			tative Leadership PAC Sp
esignated Agent: Identi			tative Leadership PAC Sp
esignated Agent: Identi			tative Leadership PAC Sp
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)		Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in whitaintains 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.	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in whitaintains funds.	STATE A  Telephone Number	ZIP CODE A

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

h). <b>Joint Fundraisi</b>	ig Farticipant.		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
lama of Amy Commonted	Overanization Affiliated Committee Isint Fu	nducising Donus contation	a ay Landayahin DAC Consu
Rob Mercuri Victory	Organization, Affiliated Committee, Joint Fu Committee	ndraising Representativ	e, or Leadership PAC Spons
Mailing Address	824 S. Milledge Avenue		
	Suite 101		
	Athens	GA GA	30605
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Connecte	Affiliated Committee X J	oint Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identification			ative Leadership PAC Sp
Connecte			ative Leadership PAC Sp
esignated Agent: Identification			ative Leadership PAC Sp
esignated Agent: Identification  Full Name  Mailing Address	y by name, address (phone number – optional)		Leadership PAC Sp
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION	y by name, address (phone number – optional)		
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION	CITY A  cries: List all banks or other depositories in white aintains funds.	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 mane of Bank,	cories: List all banks or other depositories in white aintains funds.	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.	cories: List all banks or other depositories in white aintains funds.	STATE A  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	С
4.		FEC ID number	С
ame of Any Connected	l Organization, Affiliated Committee, Joint Fu	ndraising Representativ	ve, or Leadership PAC Spon
Team GT			
Mailing Address	P. O. Box 30844		
	1		
	Bethesda	MD	20824
Relationship:	CITY A	STATE A	ZIP CODE A
	ed Organization Affiliated Committee X	oint Fundraising Represen	tative Leadership PAC Sp
Connecte	ed Organization Affiliated Committee X		tative Leadership PAC Sp
Connecte			tative Leadership PAC Sp
Connecte esignated Agent: Identi			tative Leadership PAC Sp
esignated Agent: Identi			Leadership PAC Sp
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