**FEC** 

Only

# STATEMENT OF

PAGE 1 / 10 •

**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. REPUBLICAN NATIONAL COMMITTEE 310 FIRST STREET SE ADDRESS (number and street) (Check if address is changed) WASHINGTON 20003 DC CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address compliance@gop.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.gop.com (Check if address is changed) DATE 2024 C00003418 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 CROSBIE, KRISTIN, , MRS., CROSBIE, KRISTIN, , MRS., Date 04 24 2024 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

FEC Form 1 (Revised 03/2022)	Page <b>2</b>
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate informat	ion below.)
(b) This committee is an authorized committee, and is NOT a principal campaign commiting information below.)	ittee. (Complete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate	State President District
(c) This committee supports/opposes only one candidate, and is NOT an authorized cor	nmittee.
Name of Candidate	
Party Committee:	
(d) X This committee is a NAT (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 lin	ne 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 s 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	5.)
(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 ac	ccounts (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 federal committee.	
(j) This committee collects contributions, pays fundraising expenses and disburses net process committees/organizations, none of which is an authorized committee of a federal can	-
Committees Participating in Joint Fundraiser	
1	C
	C

	FEC <b>Form 1</b> (Revised (	02/2009)	Page <b>3</b>
V	Vrite or Type Committee Name	•	i aye 🗸
•		IATIONAL COMMITTEE	
6.		rganization, Affiliated Committee, Joint Fundraising Representa	ative, or Leadership PAC Sponsor
	GROW THE MAJOR	XITY	
	Mailing Address	228 S WASHINGTON ST STE 115	
		ALEXANDRIA	22314
		CITY ▲ STAT	E ▲ ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Reprint	esentative Leadership PAC Spons
7.	Custodian of Records: Identification books and records.	tify by name, address (phone number optional) and position of the p	person in possession of committee
	CROSBIE	, KRISTIN, , MRS.,	
	Full Name		
	Mailing Address	310 FIRST STREET SE	
		WASHINGTON	20003
		CITY ▲ STAT	E ▲ ZIP CODE ▲
	Title or Position ▼		
	TREASURER	Telephone number	202 863 8500
8.	Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the comrassistant treasurer).	mittee; and the name and address of
		, KRISTIN, , MRS.,	
	of Treasurer		
	Mailing Address	310 FIRST STREET SE	
		WASHINGTON	C 20003 -   -   -     -
		CITY ▲ STAT	E ▲ ZIP CODE ▲
	Title or Position ▼		
	TDEASURED		. 202 862 8500

Telephone number

FEC Form	1 (Revised 02/2009)		Page <b>4</b>
Full Name of Designated Agent	FISHER, JOSH, , ,		
Mailing Address	310 FIRST STREET SE		
	WASHINGTON	, DC ,	20003
	WASHINGTON		20003
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
CFO	Telepho	ne number 202	
	<b>Depositories:</b> List all banks or other depositories in which the copies or maintains funds.	ommittee deposits fund	s, holds accounts, rents
Name of Bank,	Depository, etc.		
	BB&T		
Mailing Address	1909 K Street NW		
	Washington	DC	20006
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank,	Depository, etc.		
	Chain Bridge Bank		
Mailing Address	1445-A Laughlin Ave		
	McLean	VA L	22101
	CITY ▲	STATE ▲	ZIP CODE ▲

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h). <b>Joint Fundraisi</b>	ng rantopanti		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
House Majority Trus	l Organization, Affiliated Committee, Joint Fo	indraising Representati	ve, or Leadership PAC Spon
Mailing Address	228 S. Washington Street		
	Suite 115		
	Alexandria		22314
Relationship:	CITY A	STATE 4	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee X  fy by name, address (phone number – optional	Joint Fundraising Represer	ntative Leadership PAC Sp
Connecte			tative Leadership PAC Sp
Connecte esignated Agent: Identi			Leadership PAC Sp
esignated Agent: Identi			Leadership PAC Sp
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esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optiona		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or markets.	fy by name, address (phone number – optional control of the contro	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 A  CITY A  pries: List all banks or other depositories in what aintains funds.	STATE A Telephone Number	ZIP CODE A
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			FEC ID	number	C
			FEC ID	number	С
			FEC ID	number	C
			   FEC ID	number	С
			<del></del>		
_	_	ed Committee, Joint	Fundraising Rep	resentative	e, or Leadership PAC Spo
ing Address	310 FIRST ST SE				
	WASHINGTON			DC	20003
ationship:		CITY A		STATE A	ZIP CODE ▲
ame					
g Address					
E OR POSITION 1	▼	CITY A	;	STATE A	ZIP CODE ▲
i	ng Address  tionship: Connected  d Agent: Identify ame	ame Address 310 FIRST ST SE WASHINGTON Affi	ame	ame  Address  310 FIRST ST SE  WASHINGTON  CITY   Connected Organization  Affiliated Committee  X Joint Fundraising  Address  Address  Address	mg Address  WASHINGTON  Washington  City A  State A  Game  Game  Game  City A  State A  State A  City A  State A

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(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	С
	Organization, Affiliated Committee, Joint Fundr	aising Representativ	e, or Leadership PAC Spons
TRUMP 47 COMMIT	166 		
Mailing Address	PO BOX 509		
	ARLINGTON	VA VA	22216
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee X Joint by by name, address (phone number – optional)	Fundraising Represent	ative Leadership PAC Spo
		Fundraising Represent	ative Leadership PAC Spo
esignated Agent: Identi		Fundraising Represent	ative Leadership PAC Spo
esignated Agent: Identi		Fundraising Represent	ative Leadership PAC Spo
esignated Agent: Identi		Fundraising Represent	ative Leadership PAC Spo
esignated Agent: Identi	fy by name, address (phone number – optional)	Fundraising Represent	Leadership PAC Spo
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   Telepries: List all banks or other depositories in which	STATE A elephone Number the committee deposit	ZIP CODE A
esignated Agent: Identii  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management of Bank, epository, etc	fy by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which aintains funds.	STATE A elephone Number the committee deposit	ZIP CODE   ZIP CODE   ss funds, holds accounts, rents

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	ng Participant:		
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2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
_	Organization, Affiliated Committee, Joint Fun Great Again Committee	draising Representative	, or Leadership PAC Spons
Mailing Address	C/O Red Curve Solutions		
	138 Conant Street, 2nd Floor		
	Beverly	MA	01915
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Identi	y by name, address (phone number – optional)		
resignated Agent: Identi	y by name, address (phone number – optional)		
	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  Lanks or Other Deposite afety deposit boxes or marked the second of Bank, depository, etc.	CITY ▲  CITY ▲  pries: List all banks or other depositories in whice aintains funds.	Telephone Number	s funds, holds accounts, rents
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mail and of Bank,	CITY ▲  CITY ▲  pries: List all banks or other depositories in whice aintains funds.	Telephone Number	s funds, holds accounts, rents
Full Name  Mailing Address  TITLE OR POSITION  Lanks or Other Deposite afety deposit boxes or marked the second of Bank, depository, etc.	CITY ▲  CITY ▲  pries: List all banks or other depositories in whice aintains funds.	Telephone Number	s funds, holds accounts, rents

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(h). <b>Joint Fundraisi</b>			
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2.		FEC ID numbe	r C
3		FEC ID numbe	r C
4.		FEC ID numbe	r C
_	Organization, Affiliated Committee, Joint COMMITTEE JFC, INC.	Fundraising Representa	tive, or Leadership PAC Spons
Mailing Address	PO BOX 509		
Relationship:	ARLINGTON  CITY	VA STATE	22216 ZIP CODE <b>A</b>
neiationship.	CITY	SIAIE	ZIP CODE A
	Affiliated Committee X by by name, address (phone number – option	Joint Fundraising Represe	entative Leadership PAC Spo
			entative Leadership PAC Spo
Designated Agent: Identi			entative Leadership PAC Spo
Pesignated Agent: Identi			entative Leadership PAC Spo
Pesignated Agent: Identi	fy by name, address (phone number – option	nal)	
Pesignated Agent: Identi	fy by name, address (phone number – option		
Pesignated Agent: Identi  Full Name L  Mailing Address	fy by name, address (phone number – option	nal)	
Pesignated Agent: Identi  Full Name    Mailing Address  TITLE OR POSITION	fy by name, address (phone number – option  CITY   CITY   pries: List all banks or other depositories in viaintains funds.	STATE A  Telephone Number	ZIP CODE A
Pesignated Agent: Identic Full Name	fy by name, address (phone number – option  CITY   CITY   pries: List all banks or other depositories in viaintains funds.	STATE A  Telephone Number	ZIP CODE A

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nnected O  ress  :	C/O Red Cu	urve Solutions Street, 2nd Flo		F	EC ID number EC ID number EC ID number EC ID number  G Representation	C C C C C C C C C C C C C C C C C C C	Jership PAC Spons
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ress	C/O Red Cu	urve Solutions Street, 2nd Flo		int Fundraisin	g Representation	/e, or Lead	lership PAC Spons
ress	C/O Red Cu	urve Solutions Street, 2nd Flo		int Fundraisin	g Representativ	ve, or Lead	dership PAC Spons
:	138 Conant	Street, 2nd Flo	oor				
:	138 Conant	Street, 2nd Flo	oor				
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					MA	0191	15
Connected (		CI	ITY 🛦		STATE A		ZIP CODE ▲
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