Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) MORGAN COUNTY REPUBLICAN EXECUTIVE COMMITTEE - FEDERAL PO BOX 984 ADDRESS (number and street) (Check if address is changed) BERKELEY SPRINGS WV 25411 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address MORGANCOUNTYREC@PDSCOMPLIANCE.COM is changed) Optional Second E-Mail Address ADMIN@PDSCOMPLIANCE.COM COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 30 2023 C00833400 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 KESSEL, RYAN,, 11 30 2023 Signature of Treasurer KESSEL, RYAN, , , 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

E	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.)	candidate
	Name of Candidate ['','',',',',',',',',',',',',',',',',',	
	Candidate Office Party Affiliation Sought: House Senate President	State District
	(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 SUB (National, State or subordinate) committee of the REP (Democratic 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	ganization
	Membership Organization Trade Association Cooperation	tive
	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)	I 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	C).
	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	
	1C	

FEC Form 1	1 (Revised 02/2009)	
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Committee Name

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		TIT KEI OBEIOAN EXE				
6.	-	rganization, Affiliated Committee, Join	t Fundraising Repr	esentative, or	Leadership PAC S	ponsor
	WEST VIRGINIA RE	PUBLICAN PARTY, INC.				1
	Mailing Address	700 WASHINGTON STREET, EAST				
	-	SUITE 201				
		CHARLESTON		WV	25301-1620	
		CITY ▲		STATE ▲	ZIP CODE	A
	Relationship: Connected	Organization X Affiliated Organization	Joint Fundraising	n Representative	e Leadership F	PAC Sponsor
		,		,		,
	Custodian of Baserda Idanti	ify by name, address (phone number op	tional) and position (of the nersen in	naccasion of comm	ittoo
7.	books and records.	ny by name, address (prione number op	monar) and position (or the person in	possession of comm	iillee
	KESSEL, R	RYAN, , ,				
	Full Name					
	Mailing Address	40 ROCKWELL COURT				
		I				1
		BERKELEY SPRINGS		WV 	25411	\perp \perp \perp \perp
		CITY ▲		STATE ▲	ZIP CODE	A
	Title or Position ▼					
	TREASURER		Tolophono nun	571	_ 212 _	0000
			Telephone nun	nber		
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of assistant treasurer).	the treasurer of the	committee; an	d the name and add	dress of
	Full Name KESSEL, R	2VAN				
	of Treasurer			1 1 1 1		\perp \perp \perp \perp
	Mailing Address	40 ROCKWELL COURT		1 1 1 1		
	-					
		DEDUCE EV ODDINGS		1407		
		BERKELEY SPRINGS		L WV	25411	
		CITY ▲		STATE ▲	ZIP CODE	A
	Title or Position ▼					
	TREASURER		Telephone nun	571 		0000
1						

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Full Name of Designated Agent			
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲
Title or Position ▼			
		Telephone number	
Banks or Other Dep safety deposit boxes Name of Bank, Depo		th the committee deposits fund	ds, holds accounts, rents
С	LASSIC CITY BANK		
Mailing Address	2365 WEST BROAD STREET		
	ATHENS	GA L	30606
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, Depo	ository, 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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(h). Joint Fundraisin			
1		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
Name of Any Connected	Organization, Affiliated Committee, Joint Fu	Indraising Representativ	e, or Leadership PAC Spons
TEAM MOONEY			
Mailing Address	824 S MILLEDGE AVE STE 101		
	ATHENS	GA L	30605
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	Affiliated Committee X	Joint Fundraising Represent	tative Leadership PAC Spo
Designated Agent: Identify Full Name			Leadership PAC Spo
Designated Agent: Identify			Leadership PAC Spo
Designated Agent: Identify Full Name			Leadership PAC Spo
Designated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional		
Pesignated Agent: Identify Full Name Mailing Address TITLE OR POSITION	by name, address (phone number – optional	STATE A	Leadership PAC Spo
Pesignated Agent: Identify Full Name Mailing Address TITLE OR POSITION	by name, address (phone number – optional		
Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION	cies: List all banks or other depositories in whintains funds.	STATE A Telephone Number	ZIP CODE A ts funds, holds accounts, rents
Pesignated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito cafety deposit boxes or mails and mailing and mai	cies: List all banks or other depositories in whintains funds.	STATE A Telephone Number	ZIP CODE A ts funds, holds accounts, rents
Pesignated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mail Name of Bank, Depository, etc.	ries: List all banks or other depositories in whintains funds.	STATE A Telephone Number	ZIP CODE A ts funds, holds accounts, rents