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4. IS THIS STATEMENT NEW	(N) OR	>	< .	AMENI	DED	(A)										
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Type or Print Name of Treasurer Baker, N	/lichael, , ,															
Signature of Treasurer Baker, Michael, ,	,						Da	te	ľ	04	/	^D 19	D	Y	202	24
NOTE: Submission of false, erroneous, or inc ANY CH/	omplete informatior	-										enalti	es of	52	U.S.C). §30
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04/19/2024 08 : 30

FE	C Form 1 (Revised 03/2022)	Page 2
5.	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 information below.)	the candidate
	Name of Candidate	
	Candidate Office Sought: House Senate President	State
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee: (National, State (Democra (d) This committee is a STA or subordinate) committee of the REP Republica	itic, in, etc.) Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ted organization is a:
	Corporation Corporation w/o Capital Stock Labor	Organization
	Membership Organization Trade Association Coope	erative
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segrega committee. (i.e., nonconnected committee)	ted 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 more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
 (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
 Committees Participating in Joint Fundraiser
 2.

FEC Form 1 (Revised 02/2009)	Page 3
Write or Type Committee Name	

Republican Federal Committee of Pennsylvania

6.	Name of Any Connected Or	ganization, Aff	iliated	Con	nmi	ttee	e, J	oin	t F	un	dra	isiı	ng	Rej	ore	se	nta	tive	e, c	or I	Lea	ıde	rsh	nip	PA	С	Spo	วทร	or	
	Smucker Victory Com																													ļ
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		Suite 101																1												
		Athens														Ľ	GA			Ĺ	30	605	5			-				
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7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

K	eckler, Stuart, , ,
Full Name	
Mailing Address	112 State Street
	Harrisburg PA 17101
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
	Telephone number 717 234 4901

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer	Baker, Michael, , ,
Mailing Address	112 State Street
	Harrisburg PA 17101 Image: the second se
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	
Treasurer	Telephone number 717 234 4901

FEC Form 1 (Revised 02	2/2	200)9)																							Paç	je 4	4		
Full Name of Designated Agent							1					1						1		1	1						1		1	
Mailing Address	L																													
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							CI	TΥ										STA	ΑΤΕ					Z	IP	со	DE			
Title or Position ▼																														
													Tel	eph	one	ə n	uml	ber				-	- [

9. 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.

Tr	uist Bank		
Mailing Address	1909 K Street, N.W.		
	Washington	DC 20006	
	CITY ▲	STATE ▲	ZIP CODE
Name of Bank, Depo	sitory, etc. rst National Bank		
Mailing Address	1 North Shore Center, #503		
	Pittsburgh	PA 15212	
		STATE A	ZIP CODE

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

ZIP CODE

STATE 🔺

	Joint Fundraising	g Participant:		
1.			FEC ID number	C
2.			FEC ID number	С
3.			FEC ID number	С
4.			FEC ID number	C
Name o	of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Bepresentativ	e, or Leadership PAC Sponsor
	np Victory			-,
M	ailing Address	c/o Red Curve Solutions		
		131 Conant Street, 2nd Floor		
		Beverly	MA	01915
Re	elationship:		STATE	ZIP CODE
	Connected	Organization Affiliated Committee X Joint	Fundraising Represent	ative Leadership PAC Spons
Designa	ated Agent: Identify	by name, address (phone number – optional)		
Full	Name			
	Name			
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	<u> </u>			
Mail	ling Address			
Mail	<u> </u>	•	I I I I I I I I I I I I I I I I I I I	

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2.			FEC ID n	umber	С		
3.			FEC ID n	umber	С		
4.			, 	umber	С		
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me of Any Connected	Organization, Affiliated	Committee, Joint Fu	ndraising Repres	sentative	, or Leade	ership PA	C Spons
Team Fitz							
Mailing Address	P. O. Box 30844						
	Bethesda		1	MD	20824		-
Relationship:			S			ZIP CC	DE 🔺
Connected	Organization Affiliat	ted Committee X J	oint Fundraising R		tive		DDE 🔺
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5(g) or (h).	Joint Fundraising	J Participant:		
1.			FEC ID number	С
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3	3.		FEC ID number	С
4	. <u> </u>		FEC ID number	С
6. Nam	e of Any Connected (Organization, Affiliated Committee, Joint Fun	draising Representative	or Leadershin PAC Sponsor
	tate Republican Victo			
	Mailing Address	1201 F Street, N.W.		
	3	Suite 675		
		Washington		20004
	Relationship:		⊥	
			int Fundraising Representa	
8. Desig	gnated Agent: Identify	by name, address (phone number - optional)		
F	-ull Name			
	Mailing Address	1		
N	Vialing Address			
	TITLE OR POSITION		STATE A	ZIP CODE
L			Telephone Number	
		ies: List all banks or other depositories in which	ch the committee deposite	s funds, holds accounts, rents
	y deposit boxes or mai	mains funds.		
	e of Bank, Eagle E ository, etc.	\$ank 		
	Mailing Address	2001 K Street, N.W.		
	Maining / Mainebb			
	Maning Address	Washington		20026

1.						FEC	ID number	С				
2.						FEC	ID number	С				
3.						FEC	ID number	С				
4.						FEC	ID number	С				
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		3501 N. Fror	ot Street #	200								
Mailir	ng Address											
		Harrisburg						L	17110)		
				CITY 🔺			STATE 🔺			ZIP	CODE	
		Organization	_	ed Committee		Fundraisi	ng Represent	ative		Leaders	ship PA	
Designated	Connected	-	_	ed Committee		Fundraisi	ng Represent	ative		Leaders		
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		P. O. Box 3	0844														
Mailir	ng Address																
		Bethesda								MD		208	824				
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

	g Participant:		
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3.		FEC ID number	С
4.		FEC ID number	С
Name of Any Connected	Organization, Affiliated Committee, Joint Fund	draising Representativ	e, or Leadership PAC Sponsor
NRSC Victory			
Mailing Address	228 S. Washington Street		
	Suite 115		
	Alexandria	VA	22314
Relationship:	CITY A		
	Organization Affiliated Committee X Join	nt Fundraising Represent	ative Leadership PAC Spons
Designated Agent: Identify	by name, address (phone number - optional)		
Designated Agent: Identify Full Name	by name, address (phone number – optional)		
	by name, address (phone number – optional)		
Full Name	by name, address (phone number - optional)		
Full Name	by name, address (phone number - optional)		
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Full Name		L I I I I I I I I I I I I I I I I I I I	
Full Name			· · · · · · · · · · · · · · · · · · ·
Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor	CITY ▲	Telephone Number	
Full Name	CITY ▲	Telephone Number	
Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank,		Telephone Number	s funds, holds accounts, rents
Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail		Telephone Number	s funds, holds accounts, rents
Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main Name of Bank,		Telephone Number	s funds, holds accounts, rents
Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.		Telephone Number	s funds, holds accounts, rents

CITY

STATE **A**

ZIP CODE

5(g)	or(h). Joint Fundraisir	ng Participant:		
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	3.		FEC ID number	
	4.		FEC ID number C	
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6.	Grow the Majority	Organization, Affiliated Committee, Joint Fundr	aising Representative, or	r Leadership PAC Sponsor
	Mailing Address	228 S. Washington Street		
		Suite 115		
		Alexandria		22314
	Relationship:	CITY 🔺	STATE A	ZIP CODE
	Connecte	d Organization	Fundraising Representative	Leadership PAC Sponsor
8.	Designated Agent: Identify	iy by name, address (phone number – optional)		
	Full Name			
	Mailing Address			
	TITLE OR POSITION		STATE A	ZIP CODE
		Te	elephone Number	
9.	Banks or Other Deposito	pries: List all banks or other depositories in which	the committee deposits fu	nds, holds accounts, rents
	safety deposit boxes or ma			
	Name of Bank, Depository, etc.			
	Mailing Address			
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