FEC

Only

STATEMENT OF

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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 01 2025 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 RICH, JENNIFER, , MRS., RICH, JENNIFER, , MRS., Date 10 01 2025 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

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 cinformation below.)	andidate
	Name of Candidate	
	Candidate Party Affiliation Office Sought: House Senate President	State District
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee:	
	(d) X This committee is a NAT (National, State or subordinate) committee of the REP (Democratic, Republican, etc.)	c.) Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected or	organization is a:
	Corporation Corporation w/o Capital Stock Labor Orga	ınization
	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 separate segregated full committee. (i.e., nonconnected committee)	und 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 m committees/organizations, at least one of which is an authorized committee of a federal candidate.	nore political
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, none of which is an authorized committee of a federal candidate.	nore political
	Committees Participating in Joint Fundraiser	
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	2.	

TREASURER

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		Revised 02/2009)	Page 3
V	/rite or Type Commit		
		CAN NATIONAL COMMITTEE	
6.		nected Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	hip PAC Sponsor
	DEFEND OU	R MAJORIIY	
	Mailing Address	320 FIRST ST SE	
		WASHINGTON , DC , 20003	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship:	Connected Organization Affiliated Organization X Joint Fundraising Representative	eadership PAC Sponso
	books and records.	RICH, JENNIFER, , MRS., 310 FIRST STREET SE WASHINGTON DC 20003	ZIP CODE A
	TREASURER	Telephone number	863 - 8500
8.		name and address (phone number optional) of the treasurer of the committee; and the na ent (e.g., assistant treasurer).	me and address of
	Full Name of Treasurer	RICH, JENNIFER, , MRS.,	
	Mailing Address	310 FIRST STREET SE	
		WASHINGTON DC 20003	
	Tills as B. W	CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		

202

Telephone number

863

8500

FEC Form	1 (Revised 02/2009)		Page 4
Full Name of Designated Agent	THOMPSON, MEGHON, , ,		
Mailing Address	310 FIRST STREET SE		
	WASHINGTON	DC 20003	
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
CFO		none number $\begin{bmatrix} 202 \\ $	8848
Banks or Other safety deposit be	Depositories: List all banks or other depositories in which the oxes or maintains funds.	committee deposits funds, holds	accounts, rents
Name of Bank,	Depository, etc.		
	Chain Bridge Bank		
Mailing Address	1445-A Laughlin Ave		
	McLean	VA 22101	
	CITY ▲	STATE ▲ Z	ZIP CODE ▲
Name of Bank,	Depository, etc.		
	TRUIST BANK		
Mailing Address	9111 LITCHFORD RD		
	RALEIGH	NC 27615	
	CITY ▲	STATE ▲ Z	ZIP CODE ▲

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	g Participant:		
1.		FEC ID number	C
2	<u> </u>	FEC ID number	C
3.		FEC ID number	C
4		FEC ID number	C
Name of Any Connected	Organization, Affiliated Committee, Joint	Fundraising Representative	e, or Leadership PAC Sponsor
GROW THE MAJORI	ГҮ		
Mailing Address	228 S WASHINGTON ST STE 115		
	ALEXANDRIA	VA	22314
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
П	Organization Affiliated Committee	Joint Fundraising Represent	ative Leadership PAC Spons
Full Name			
Mailing Address			
TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
TITLE OR POSITION	CITY A	STATE ▲ Telephone Number	ZIP CODE ▲

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	ng Participant:		
1		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
_	l Organization, Affiliated Committee, Joint Fur	ndraising Representative	e, or Leadership PAC Spon
TRUMP 47 COMMI			
Mailing Address	PO BOX 509		
	ARLINGTON	VA VA	22216
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee X Joffy by name, address (phone number – optional)	oint Fundraising Represent	Leadership PAC Sp
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esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY ories: List all banks or other depositories in which an intains funds.	STATE A Telephone Number	ZIP CODE A
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4.		FEC ID number	C
ame of Any Connecte	d Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spons
-	ca Great Again Committee		·
Mailing Address	C/O Red Curve Solutions		
	138 Conant Street, 2nd Floor		
	Beverly	MA	01915
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization	oint Fundraising Represent	ative Leadership PAC Sp
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	ng Participant:		
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4.		FEC ID number	С
-	Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Spons
TROMP NATIONAL	COMMITTEE JFC, INC.		
Mailing Address	PO BOX 509		
	ARLINGTON	, , , , VA	22216
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee X	oint Fundraising Represent	ative Leadership PAC Spo
			ative Leadership PAC Spo
Designated Agent: Identi			ative Leadership PAC Spo
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4.		FEC ID number	C
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Trump Victory			
Mailing Address	C/O Red Curve Solutions		
Ü	138 Conant Street, 2nd Floor		
	Beverly	MA I	01915
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	ed Organization	Joint Fundraising Represent	ative Leadership PAC Sp
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esignated Agent: Ident			
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4.		FEC ID number	С
Name of Any Connect	ed Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spons
WHATLEY SENA	FE MAJORITY COMMITTEE		
Mailing Address	PO BOX 97275		
	RALEIGH	NC	27624
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Conne		STATE ▲ nt Fundraising Representa	_
Conne Designated Agent: Ide Full Name	cted Organization Affiliated Committee X Joi		_
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4.		FEC ID number	С
-	Organization, Affiliated Committee, Joint Fund	Iraising Representative	e, or Leadership PAC Spons
WHATLEY VICTOR	Y COMMITTEE		
Mailing Address	PO BOX 97275		
	RALEIGH	NC	27624
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee X Jointy by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Sp
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Full Name Mailing Address	city by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Janks or Other Deposite afety deposit boxes or make the property of the propert	city by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A