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. Mackenzie for Congress Committee PO Box 747 ADDRESS (number and street) (Check if address is changed) **Emmaus** 18049 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address Joel@rightwaycompliance.com is changed) Optional Second E-Mail Address jljukus@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) ryanforpa.com (Check if address is changed) DATE 2025 C00846501 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 Jukus, Joel,, Date 02 19 2025 Signature of Treasurer Jukus, Joel, , , 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

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 information below.)	the candidate
Name of Candidate Mackenzie, Ryan, Edward, ,	
Candidate Party Affiliation REP Sought: X House Senate President	State PA District 07
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the Republication	ntic, n, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	cted 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.	
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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
Committees Participating in Joint Fundraiser	
1 C	

I	FEC Form 1 (Revi	ised 02/2009)	Page 3
٧	Vrite or Type Committee I	Name	
	Mackenzie fo	or Congress Committee	
6.	Name of Any Connect	ted Organization, Affiliated Committee, Joint Fundraising Representative, or L	_eadership PAC Sponsor
	MACKENZIE FO	OR PA-07 REPUBLICAN NOMINEE FUND 2024	1
	Mailing Address	PO BOX 9891	
	Mailing Address		
		ARLINGTON	22219
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Conn	nected Organization X Affiliated Organization Joint Fundraising Representative	Leadership PAC Spons
	rielationship.	Anniated Organization John Fundralsing Representative	Leadership 1 AC Sporis
7.		Identify by name, address (phone number optional) and position of the person in p	ossession of committee
	books and records.		
	Juku	ıs, Joel, , ,	
	Full Name		
	Mailing Address	4031 Thicket Lane	
		Harrisburg	17110
		Harrisburg	17110
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	717 Telephone number	- 395 - 1636
		iologitotic nambor	
8.	Treasurer: List the nam	ne and address (phone number optional) of the treasurer of the committee; and	the name and address of
Ο.		(e.g., assistant treasurer).	The name and address of
	Full Name Juku	ıs, Joel, , ,	
	of Treasurer		
	Mailing Address	4031 Thicket Lane	
	Mailing Address		
		Harrisburg PA	17110
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼	SITE -	
	Treasurer		395 1636
		Telephone number	

FEC Form 1	(Revised 02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address			
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
	Tele	phone number	
Banks or Other D	epositories: List all banks or other depositories in which these or maintains funds.	e committee deposits fund	ds, holds accounts, rents
Name of Bank, De	pository, etc.		
L	First National Bank of Pennsylvania		
Mailing Address	3015 Glimcher Blvd		
	Hermitage	PA PA	16148
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, De	pository, etc.		
L	Chain Bridge Bank		
Mailing Address	1445-A Laughlin Avenue		
	McLean	VA L	22101
	CITY ▲	STATE ▲	ZIP CODE ▲

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(h). Joint Fundraisi	ng Farticipant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
lame of Any Connected	l Organization, Affiliated Committee, Joint Fund	raising Representative	e. or Leadership PAC Spons
MACKENZIE FOR A			
Mailing Address	4075 LINGLESTOWN RD		
	#119		
	HARRISBURG	PA PA	17112
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee X Join fy by name, address (phone number – optional)	t Fundraising Representa	ative Leadership PAC Sp
Connecte		t Fundraising Representa	Leadership PAC Sp
Connecte esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)	st Fundraising Representation	Leadership PAC Sp
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 Lanks or Other Deposite afety deposit boxes or markets	fy by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi 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 CITY Sories: List all banks or other depositories in which aintains funds. SIC CITY BANK	STATE A	ZIP CODE A

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h). Joint Fundraisi	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	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
EMMER MAJORITY	BUILDERS		
Mailing Address	824 S. MILLEDGE AVE. STE. 101		
	ATHENS	GA GA	30605
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte		t Fundraising Representa	Leadership PAC Sp
Connecte	ed Organization Affiliated Committee X Join	t Fundraising Representa	ative Leadership PAC Sp
Connecte esignated Agent: Identi	ed Organization Affiliated Committee X Join	t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	ed Organization Affiliated Committee X Join	t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	ed Organization Affiliated Committee X Join	t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	Affiliated Committee X Join by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	Affiliated Committee X Join by pame, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of the content of the conte	Affiliated Committee	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	Affiliated Committee	STATE A	ZIP CODE A

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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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(h). Joint Fundraising	g Participant:			
1		FEC ID	number	С
2.		FEC ID	number	C
3.		FEC ID	number	C
4.		FEC ID	number	С
Name of Any Connected	Organization, Affiliated Committee, J	oint Fundraising Rep	resentative	, or Leadership PAC Sponsor
Mackenzie for Congre	ess-GTM NF PA07			
Mailing Address	228 S WASHINGTON ST STE 115			
	ALEXANDRIA		VA	22314
Relationship:	CITY A		STATE A	ZIP CODE ▲
Connector	I Organization X Affiliated Committee	Joint Fundraising	Danracanto	tive Leadership PAC Spons
1				
Full Name				
Full Name				
Mailing Address	CITY A	<u> </u>	STATE A	ZIP CODE A
	CITY A	Telephone Nu		ZIP CODE A

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h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
lame of Any Connected	l Organization, Affiliated Committee, Joint Fu	ndraising Representativ	ve, or Leadership PAC Spons
DEFEND OUR MAJ	ORITY		
Mailing Address	320 FIRST ST SE		
	<u> </u>		
	WASHINGTON	DC	20003
Relationship:	CITY A	STATE A	ZIP CODE ▲
		oint Fundraising Represen	tative Leadership PAC Sp
Connecte		oint Fundraising Represen	tative Leadership PAC Sp
Connecte	ed Organization Affiliated Committee X J		tative Leadership PAC Sp
Connecte esignated Agent: Identi	ed Organization Affiliated Committee X J		tative Leadership PAC Sp
esignated Agent: Identi	ed Organization Affiliated Committee X J		tative Leadership PAC Sp
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esignated Agent: Identi	Affiliated Committee X J		Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	Affiliated Committee X J		
esignated Agent: Identi Full Name Mailing Address	Affiliated Committee X J	STATE A	
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	Affiliated Committee X J fy by name, address (phone number – optional) CITY CITY CITY Ories: List all banks or other depositories in which is the committee of the commi	STATE ▲ Telephone Number	ZIP CODE A
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g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	C
2. [FEC ID number	C
3.			FEC ID number	C
4. [FEC ID number	C
Name	of Any Connected (Organization, Affiliated Committee, Joint Fund	draising Representative	, or Leadership PAC Sponsor
STF	RONGEST AMERIC	CA JFC		
N	failing Address	824 S MILLEDGE AVE STE 101		
		ATHENS	GA	30605
F	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee X Join	nt Fundraising Representa	tive Leadership PAC Sponso
Design	ated Agent: Identify	by name, address (phone number - optional)		
Ful	Name			
Ма	iling Address			
		I		
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TII	TI E OR POSITION	CITY ▲	STATE A	ZIP CODE A
TI	TLE OR POSITION	Y	ı	ZIP CODE A
ті	TLE OR POSITION	Y	STATE STATE	ZIP CODE A
Banks		ies: List all banks or other depositories in which	Telephone Number	
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Banks safety of Name of Deposit	or Other Depositorideposit boxes or maion Bank, bory, etc.	ies: List all banks or other depositories in which ntains funds.	Telephone Number	
Banks safety of Name of Deposit	or Other Depositorideposit boxes or mai	ies: List all banks or other depositories in which	Telephone Number	
Banks safety of Name of Deposit	or Other Depositorideposit boxes or maion Bank, bory, etc.	ies: List all banks or other depositories in which ntains funds.	Telephone Number	
Banks safety of Name of Deposit	or Other Depositorideposit boxes or maion Bank, bory, etc.	ies: List all banks or other depositories in which ntains funds.	Telephone Number	

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or (h). Joint Fundraisin	g Participant:		
1	<u> </u>	FEC ID nun	nber C
2	<u> </u>	FEC ID nun	nber C
3.		FEC ID nun	nber C
4.		FEC ID nun	nber C
Name of Any Connected	Organization, Affiliated Committee, J	oint Fundraising Represe	ntative, or Leadership PAC Sponsor
AMERICAN BATTLE	GROUND FUND		
Mailing Address	PO BOX 30844		
	BETHESDA	, , , , , , , , , , , , , , , , , , ,	MD 20824
Relationship:	CITY ▲	STA	TE ▲ ZIP CODE ▲
Connected	Organization Affiliated Committee	X Joint Fundraising Rep	resentative Leadership PAC Spons
Full Name			
Mailing Address			
TITLE OR POSITION	▼ CITY ▲	STATI	ZIP CODE ▲
TITLE OR POSITION	▼ CITY ▲	STATI	