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 2025 C00003418 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 GRUTERS, JOE, , MR., GRUTERS, JOE, , MR., Date 01 30 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

FE	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 tinformation below.)	the candidate
	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 (Democrating Republication Rep	tic, n, etc.) Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	ted organization is a:
	Corporation Corporation w/o Capital Stock Labor	Organization
	Membership Organization Trade Association Coope	_
		rauve
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregat 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 F	PAC).
	In addition, this committee is a Lobbyist/Registrant PAC.	
	Loint Fundraining Panyagantativa	
	Joint Fundraising Representative: 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.	or more pendear
	(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	
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	FEC Form 1 (Re	ovised 03/2009)	
	Vrite or Type Committee	· · · · · · · · · · · · · · · · · · ·	raye 3
·		AN NATIONAL COMMITTEE	
6.		ected Organization, Affiliated Committee, Joint Fundraising Representative, or Lo	eadership PAC Sponsor
	DEFEND OUR		
	Mailing Address	320 FIRST ST SE	
		WASHINGTON DC 2	20003
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Co	nnected Organization Affiliated Organization X Joint Fundraising Representative	Leadership PAC Sponso
7.	Custodian of Record books and records.	ls: Identify by name, address (phone number optional) and position of the person in po	ossession of committee
	GF	RUTERS, JOE, , MR.,	
	Full Name		
	Mailing Address	310 FIRST STREET SE	
		WASHINGTON DC 2	20003
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	TREASURER		_ 863 8500
8.		ame and address (phone number optional) of the treasurer of the committee; and t (e.g., assistant treasurer).	the name and address of
	Full Name GF	RUTERS, JOE, , MR.,	
	of Treasurer		
	Mailing Address	310 FIRST STREET SE	
		WASHINGTON DC 2	20003
	Title or Position —	CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		962
	TREASURER	Telephone number	- 863 - 8500

Telephone number

FEC Form	1 (Revised 02/2009)	Page	4
Full Name of Designated Agent Mailing Address	THOMPSON, MEGHON, , , , , , , , , , , , , , , , , , ,		
	WASHINGTON	DC 20003	
Title or Position	CITY ▲	STATE ▲ ZIP CODE	
CONTROLLER		one number 202 - 863	8848
Banks or Other safety deposit b	Depositories: List all banks or other depositories in which the example oxes or maintains funds.	committee deposits funds, holds accounts,	rents
Name of Bank,	Depository, etc.		
Mailing Address	BB&T		
	Washington	DC 20006	
	CITY ▲	STATE ▲ ZIP CODE	A
Name of Bank,	Depository, etc.		
	Chain Bridge Bank		.
Mailing Address	1445-A Laughlin Ave		
		<u> </u>	
	McLean	VA 22101	
	CITY ▲	STATE ▲ ZIP CODE	▲

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(h). Joint Fundrais	ing Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
Name of Any Connected GROW THE MAJOR	d Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spons
Mailing Address	228 S WASHINGTON ST STE 115		
	ALEXANDRIA	, , , , , , , , VA	22314
Deletienskie	CITY ▲	STATE ▲	ZIP CODE ▲
		oint Fundraising Represent	ative Leadership PAC Spo
Connect	ed Organization Affiliated Committee X Jo		ative Leadership PAC Spo
Connect Designated Agent: Ident	ed Organization Affiliated Committee X Jo		Leadership PAC Spo
Connect Designated Agent: Ident Full Name	ed Organization Affiliated Committee X Jo		Leadership PAC Spo
Connect Designated Agent: Ident Full Name	ed Organization Affiliated Committee X Jo		Leadership PAC Spo
Connect Designated Agent: Ident Full Name	ed Organization Affiliated Committee X Joint Joi		Leadership PAC Spo
Connect Designated Agent: Ident Full Name Mailing Address TITLE OR POSITION	ed Organization Affiliated Committee X Joint Joi		
Connect Designated Agent: Ident Full Name Mailing Address TITLE OR POSITION	ed Organization	STATE A Telephone Number	ZIP CODE A
Connect Designated Agent: Ident Full Name Mailing Address TITLE OR POSITION	ed Organization	STATE A Telephone Number	ZIP CODE A
Connect Designated Agent: Ident Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite tafety deposit boxes or necessary to the content of	ed Organization	STATE A Telephone Number	ZIP CODE A
Connect Designated Agent: Ident Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite the properties of Bank, EAGL	Affiliated Committee X Joint Indicated Committee X Joint I	STATE A Telephone Number	ZIP CODE A
Connect Designated Agent: Ident Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit afety deposit boxes or not be a position of Bank, Depository, etc.	Affiliated Committee X Joint Indicated Committee X Joint I	STATE A Telephone Number	ZIP CODE A
Connect Designated Agent: Ident Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit afety deposit boxes or not be a position of Bank, Depository, etc.	Affiliated Committee X Joint Indicated Committee X Joint I	STATE A Telephone Number	ZIP CODE A

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	g Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
_	Organization, Affiliated Committee, Joint Fur	draising Representative	e, or Leadership PAC Sponsor
House Majority Trust			
Mailing Address	228 S. Washington Street		
	Suite 115		
	Alexandria	VA I	22314
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee X Jo	int Fundraising Representa	ative Leadership PAC Sponso
Full Name	y by name, address (phone number – optional)		
I uli Ivallic			
Mailing Address			
Mailing Address	CITY A	STATE A	ZIP CODE A
	CITY A	STATE A	ZIP CODE A
Mailing Address	CITY A	STATE Telephone Number	ZIP CODE A
Mailing Address TITLE OR POSITION	ries: List all banks or other depositories in which	Telephone Number	
Mailing Address TITLE OR POSITION Banks or Other Deposito	ries: List all banks or other depositories in which	Telephone Number	
Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mail Name of Bank,	ries: List all banks or other depositories in which aintains funds.	Telephone Number	
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 which aintains funds.	Telephone Number	
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 which aintains funds.	Telephone Number	

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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
		oint Fundraising Represent	Leadersnip PAC Sp
esignated Agent: Ident		DINT Fundraising Represent	Leadership PAC Sp
esignated Agent: Ident		DINT Fundraising Represent	Leadersnip PAC Sp
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esignated Agent: Ident Full Name Mailing Address	fy by name, address (phone number – optional)	STATE	ZIP CODE A
esignated Agent: Ident	fy by name, address (phone number – optional)		
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	STATE A Telephone Number	ZIP CODE A
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
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or name of Bank,	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
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	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
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	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

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

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2.				FEC	D number	С	
3.				FEC	D number	C	
4.		1 1 1 1 1		FEC	D number	C	
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-		Great Again Co	iliated Committee, Join ommittee	L rundraising Re		e, or Leadership	PAC Spons
Mailing A	ddress	C/O Red Curve	Solutions				
		138 Conant Str	eet, 2nd Floor				
		Beverly			MA	01915	
			CITY A		STATE ▲	ZIP	CODE ▲
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	ng Participant:		
1.		FEC ID number	С
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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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	, 			
C/O Red Curv	/e Solutions			
138 Conant S	Street, 2nd Floor			
Beverly		MA	0191	5 -
	CITY A	STAT	 E 🛦	ZIP CODE ▲
TION ▼	CITY A	STATE		ZIP CODE A
	C/O Red Curve 138 Conant S Beverly	C/O Red Curve Solutions 138 Conant Street, 2nd Floor Beverly CITY Affiliated Committee	C/O Red Curve Solutions 138 Conant Street, 2nd Floor Beverly CITY STATI	Beverly CITY ▲ STATE ▲ Innected Organization Affiliated Committee X Joint Fundraising Representative