

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

WYOMING REPUBLICAN PARTY, INC.

ADDRESS (number and street) 1714 CAPITOL AVE

(Check if address is changed)

CHEYENNE

CITY ▲

WY

STATE ▲

82001

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

wygop@redcurve.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

wygop.org

2. DATE

MM / DD / YYYY
02 / 21 / 2022

3. FEC IDENTIFICATION NUMBER ▶

C C00005785

4. 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 Ferguson, Robert, Lee, ,

Signature of Treasurer

Ferguson, Robert, Lee, ,

[Electronically Filed]

Date

MM / DD / YYYY
02 / 21 / 2022

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only				
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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

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 the candidate information below.)

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) This committee is a STA (National, State or subordinate) committee of the REP (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - 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 fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) 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.
- (h) 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

1. _____ FEC ID number C _____
2. _____ FEC ID number C _____
3. _____ FEC ID number C _____
4. _____ FEC ID number C _____

Write or Type Committee Name

WYOMING REPUBLICAN PARTY, INC.

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

TEAM HERSCHEL VICTORY COMMITTEE

Mailing Address PO BOX 501707

ATLANTA

GA

31150

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Ferguson, Robert, Lee, ,

Mailing Address 140 Bear Creek

Cody

WY

82414

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number 307 - 296 - 6740

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 Ferguson, Robert, Lee, ,

Mailing Address 140 Bear Creek

Cody

WY

82414

Title or Position Treasurer

CITY

STATE

ZIP CODE

Telephone number 307 - 296 - 6740

Full Name of Designated Agent

[Empty field for Full Name of Designated Agent]

Mailing Address

[Empty field for Mailing Address]

[Empty field for Mailing Address]

[Empty field for Mailing Address]

CITY

STATE

ZIP CODE

Title or Position

[Empty field for Title or Position]

Telephone number

[Empty field for Telephone number]

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.

WELLS FARGO

[Empty field for Name of Bank, Depository, etc.]

Mailing Address

420 MONTGOMERY STREET

[Empty field for Mailing Address]

[Empty field for Mailing Address]

SAN FRANCISCO

CA

94104

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

SERVISFIRST BANK

[Empty field for Name of Bank, Depository, etc.]

Mailing Address

300 GALLERIA PARKWAY SE

[Empty field for Mailing Address]

SUITE 100

[Empty field for Mailing Address]

ATLANTA

GA

30339

CITY

STATE

ZIP CODE