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STATEMENT OF **FEC 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 DC 20003 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS compliance@gop.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address www.gop.com is changed) DATE 2022 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. KAUFMAN, RONALD, C., MR., Type or Print Name of Treasurer KAUFMAN, RONALD, C., MR., [Electronically Filed] 2022 Signature of Treasurer Date 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

Toll Free 800-424-9530 Only Local 202-694-1100

(Revised 06/2012)

FEC Form 1 (Revised 03/2022)			Page 2
. TYPE OF COMMITTEE:			
Candidate Committee:			
(a) This committee is a princ	ipal campaign committee. (Complete the	candidate information below.)	
(b) This committee is an auth information below.)	norized committee, and is NOT a principa	al campaign committee. (Complete the	candidate
Name of Candidate			
Candidate Party Affiliation	Office Sought: House	Senate President	State District
(c) This committee supports/o	opposes only one candidate, and is NOT	Γ an authorized committee.	
Name of Candidate			
Party Committee:			
(d) This committee is a	NAT (National, State or subordinate) committee o	of the REP (Democratic, REP Republican, of	etc) Party
	or substantately committee o	Tiopublican, v	
Political Action Committee (F	AC):		
(e) This committee is a separate	rate segregated fund. (Identify connected	d organization on line 6.) Its connected	I organization is a:
Corporation	Corporation w/o C	Capital Stock Labor Or	ganization
Membership Organiz	E .	=	
In addition, this	committee is a Lobbyist/Registrant PAC.		
	opposes more than one Federal candida		fund or party
In addition, this	committee is a Lobbyist/Registrant PAC.		
=	committee is a Leadership PAC. (Identify		
_			
	ependent expenditure-only political comm		
In addition, this	committee is a Lobbyist/Registrant PAC.		
(h) This committee is a politic	cal committee with both contribution and	non-contribution accounts (Hybrid PAC	C).
In addition, this	committee is a Lobbyist/Registrant PAC.		
Joint Fundraising Represent		and disharman ask assessed for two same	
(1)	ontributions, pays fundraising expenses a at least one of which is an authorized o	•	more political
(1)	ontributions, pays fundraising expenses a none of which is an authorized committee	•	more political
Committees Participating in Join	nt Fundraiser		
1.		C	

TREASURER

	_			
•	FEC Form 1 (Revised 0	2/2009)		Page 3
V	rite or Type Committee Name			
	REPUBLICAN	NATIONAL COMMITTEE		
6.	=	rganization, Affiliated Committee, Joint Fundraising Represe	entative, or Leaders	hip PAC Sponsor
	2022 GEORGIA VIC	TORY COMMITTEE		
	Mailing Address	900 CIRCLE 75 PKWY SE		
		STE 100		
		IATLANTA	GA 30339	
	_	CITY ▲ S	STATE A	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization V Joint Fundraising F	Representative	Leadership PAC Sponso
7.	Custodian of Records: Identi	fy by name, address (phone number optional) and position of t	the person in possessi	on of committee
	KAUFMAN,	RONALD, C, MR,		
		1310 FIRST STREET SE		
	Mailing Address			
		WASHINGTON	DC 20003	
		CITY ▲ S	STATE A	ZIP CODE ▲
	Title or Position ▼			
	TREASURER	Telephone numbe	er 202 -	863 - 8500
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the consistant treasurer).	ommittee; and the na	me and address of
	Full Name KAUFMAN,	RONALD, C, MR,		
	of Treasurer			
	Mailing Address	310 FIRST STREET SE		
		1		
		WASHINGTON	DC 20003	
	Title or Position ▼	CITY ▲ S	STATE A	ZIP CODE ▲
	J Johnson ¥			

202

Telephone number

863

8500

FEC Form 1 (Revise	ed 02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address			
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
		Telephone number	
Banks or Other Deposit safety deposit boxes or r	tories: List all banks or other depositories in waintains funds.	which the committee deposits fund	ds, holds accounts, rents
Name of Bank, Deposito	ry, etc.		
BB&	T 1909 K Street NW		
	Washington	DC L	20006
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, Deposito	ry, etc.		
Chai	n Bridge Bank		
Mailing Address	1445-A Laughlin Ave		
	McLean	VA V	22101
	CITY ▲	STATE ▲	ZIP CODE ▲

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

FEC Form 1S (Revised 02/2017) for Lines 5(g) or (h), 6, 8 and

h). Joint Fundraisir			
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spon
House Majority T	ust		
Mailing Address	228 S. Washington Street		1 1 1 1 1 1 1 1 1
	Suite 115		
	Alexandria	VA VA	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		Fundraising Representa	Leadership PAC S
	Affiliated Committee Joint y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representation	Leadership PAC S
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esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY CITY Telestries: List all banks or other depositories in which aintains funds. E BANK	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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

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
	Organization, Affiliated Committee, Joint Fun	draising Representativ	e, or Leadership PAC Spon
RNC OHIO VICT	ORY		
	1 310 1ST ST SE		
Mailing Address	310 101 01 02		
	WASHINGTON	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		int Fundraising Represent	ative Leadership PAC Sp
Connecte		int Fundraising Represent	ative Leadership PAC Sp
Connecte	ed Organization Affiliated Committee	int Fundraising Represent	ative Leadership PAC Sp
Connecte	ed Organization Affiliated Committee	int Fundraising Represent	ative Leadership PAC Sp
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Connecte esignated Agent: Identif	ed Organization Affiliated Committee	int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identification Full Name Mailing Address	Affiliated Committee y Jo fy by name, address (phone number – optional)	int Fundraising Represent	
esignated Agent: Identification	Affiliated Committee y Jo fy by name, address (phone number – optional) CITY		
Esignated Agent: Identification of Bank, Connected Esignated Agent: Identification of Connected Esignated	Affiliated Committee y Jo fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
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FEC Form 1S (Revised 02/2017)

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

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	d Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spon
TARGETED STA	TE VICTORY		
I			
Mailing Address	310 1ST ST SE		
	WASHINGTON	DC DC	20003
Relationship:	CITY A	STATE A	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee X Join	nt Fundraising Represent	ative Leadership PAC Sr
	ed Organization Affiliated Committee Join Join fy by name, address (phone number – optional)	nt Fundraising Represent	ative Leadership PAC Sp
		nt Fundraising Represent	ative Leadership PAC Sp
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esignated Agent: Identi		nt Fundraising Represent	ative Leadership PAC Sp
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

TITLE OR POSITION Banks or Other Depositor Banks of Other Depositor Banks of Bank, Depository, etc. Mailing Address	ries: List all ban	ks or other depositories in v	Telephone Nu		s funds, hol	ds accounts, rents
Banks or Other Depositors of Bank, Depository, etc.	ries: List all ban	ks or other depositories in v			s funds, ho	ds accounts, rents
Banks or Other Depositorsafety deposit boxes or management	ries: List all ban	ks or other depositories in v			s funds, hol	ds accounts, rents
Banks or Other Depositors afety deposit boxes or management	ries: List all ban	ks or other depositories in v			s funds, hol	ds accounts, rents
TITLE OR POSITION			Telephone Nu	mber		
TITLE OR POSITION				1	1 1	
	▼	CITY A	S	TATE 🛦		ZIP CODE A
Mailing Address						
Full Name						
Designated Agent: Identif	y by name, addre	ess (phone number – option	al)			
Connecte	d Organization	Affiliated Committee	Joint Fundraising	Representa	ative [] [eadership PAC Spo
Relationship:		CITY A		STATE A		ZIP CODE ▲
	Beverly		1	ı MA ı	01915	1 1
Mailing Address		treet, 2nd Floor				
	C/O Red Curv	re Solutions				
Name of Any Connected Trump Make Ame		ffiliated Committee, Joint gain Committee	Fundraising Rep	resentative	e, or Leade	rship PAC Sponso
4.			FEC ID	number	C	
				number	C	
3.				number	C	
2			_		С	

FEC Form 1S (Revised 02/2017)

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

h). Joint Fundrais	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected Trump Victory	d Organization, Affiliated Committee, Joint Fo	undraising Representativ	e, or Leadership PAC Spon
Mailing Address	C/O Red Curve Solutions		
	138 Conant Street, 2nd Floor		
	Beverly	MA	01915
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee	Joint Fundraising Represent	Leadership PAC Sp
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esignated Agent: Ident			Leadership PAC Sp
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

5(a)	or(h). Joint Fundraising	ı Participant:		
O(9)	1.	,	FEC ID number	С
	2.		FEC ID number	C
	3.		FEC ID number	C
			FEC ID number	C
	4			
6.	Name of Any Connected (Organization, Affiliated Committee, Joint Fundr	aising Representativ	e, or Leadership PAC Sponsor
	Mailing Address	PO BOX 9891		
		ARLINGTON	VA VA	22219
	Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint	Fundraising Represent	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Full Name			
	Mailing Address	CITY	STATE A	ZIP CODE A
		*	STATE A	ZIP CODE A
9.	Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank,	Te ies: List all banks or other depositories in which	lephone Number	
9.	Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	Te ies: List all banks or other depositories in which	lephone Number	
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