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07/30/2024 10 : 08

STATEMEN <sup>-</sup>	Γ OF
<b>ORGANIZA</b>	ΓΙΟΝ

FEC FORM 1	STATEMENT ORGANIZAT	-	Office	PAGE 1 / 14
1. NAME OF COMMITTEE (in full)		Example:If typing, type over the lines.	12FE4M5	
North Carolina Re	publican Party			
	1506 Hillsborough St			
ADDRESS (number and street)				
<ul> <li>(Check if address is changed)</li> </ul>				
	Raleigh └────────────────────────────────────		NC 27605 STATE ▲	-1831 – ZIP CODE ▲
COMMITTEE'S E-MAIL ADDR	ESS			
(Check if address is changed)	treasurer@ncgop.org			
	Optional Second E-Mail Addres	S		1
COMMITTEE'S WEB PAGE A (Check if address is changed)	DDRESS (URL)			
2. DATE 07	26 / Y Y Y Y 2024			
3. FEC IDENTIFICATION N	UMBER ► C COOOS	8505		
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)		
I certify that I have examined	this Statement and to the best of r	ny knowledge and belief it is	s true, correct and c	omplete.
Type or Print Name of Treasu	er Oakes, Martin, , ,			
Signature of Treasurer Oa	xes, Martin, , ,	[	Date 07	30 / Y Y Y Y 30
NOTE: Submission of false, erro	neous, or incomplete information may ANY CHANGE IN INFORMATION			enalties of 52 U.S.C. §30109
Office Use Only		For further information con Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	Г	EC FORM 1 (Revised 06/2012)

FEC Form 1 (Revised 03/2022)	Page <b>2</b>
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 t information below.)	he candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate President	State
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Name of Candidate	
Party Committee:	
(d) A This committee is a STA (National, State PEP (Democrat	tic, n, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	ted organization is a:
Corporation Corporation w/o Capital Stock	Organization
Membership Organization Trade Association Coope	rative
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)	ed 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.

## Joint Fundraising Representative:

(i) 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.
 (j) 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
 2.

Relationship:

	FEC Form 1 (Revised 0	)2/2009)																	Pε	age	3		
W	Vrite or Type Committee Name	į																					
	North Carolina F	Republica	n Par	ty																			
6.	Name of Any Connected O	rganization, Afi	filiated C	ommi	ttee, .	Join	t Fu	ndra	isin	ıg R	epre	sen	tativ	ve, c	or L	eac	lers	hip	PAC	C SI	pon	sor	
	11th Congressional [	District Repu	Jblican	Part	.y																		
	Mailing Address	PO Box 1014			_   _		_   _			_									<u>   </u>			_	

1

28742-1014

ZIP CODE 🔺

Leadership PAC Sponsor

NC

1

STATE

Joint Fundraising Representative

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

CITY

Horse Shoe

Connected Organization X Affiliated Organization

Fornshell,	Gregory, , ,
Full Name	
Mailing Address	1506 Hillsborough St
	Raleigh     NC     27605-1831
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Custodian of Records	Telephone number     919     828     6423

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	Oakes, Martin, , ,
Mailing Address	8057 Lucky Creek Ln
	Denver         NC         28037-8004
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	7
Treasurer	3226

FEC	Form	1	(Revised	02/2009	<b>`</b>
	I UIIII		(LIEVISEU	02/2003	,

Full Name of Designated Agent	Oakes, Martin, , ,	
Mailing Address	8057 Lucky Creek Ln	
	Denver         NC         28037-8004	
	CITY ▲ STATE ▲ ZIP CODE ▲	
Title or Position		
Treasurer	Telephone number     704     277     3226	

## 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.

F	First Citizens		
Mailing Address	2005 Clark Avenue		
	Raleigh	NC 27605	
	CITY ▲	STATE A	ZIP CODE ▲
Name of Bank, Dep	pository, etc.		
F	First Citizens		
Mailing Address	2005 Clark Avenue		
	Raleigh │	NC 27605	
	CITY ▲	STATE A	ZIP CODE ▲

Page 4

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

ZIP CODE

1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
		FEC ID number	С
4.			
Name of Any Connector	l Organization, Affiliated Committee, Joint Fundra	ising Poprosontativ	a or Lagdership BAC Spons
NC Republican Part	-		e, of Leadership TAO Spons
Mailing Address	1506 Hillsborough St		
Mailing Address			
	l Raleigh		27605-1831
Relationship:		STATE ▲	ZIP CODE A ative
Connecte			
Connecte	CITY  CITY  Affiliated Committee Joint		
Connecte Designated Agent: Identi	CITY  CITY  Affiliated Committee Joint		
Connecte Designated Agent: Identi Full Name	CITY  CITY  Affiliated Committee Joint		
Connecte Designated Agent: Identi Full Name	CITY A		
Connecter Designated Agent: Identi Full Name Mailing Address	CITY A	Fundraising Represent	
Connecte Designated Agent: Identi Full Name	CITY A CITY A d Organization Affiliated Committee Joint fy by name, address (phone number – optional)		ative Leadership PAC Spo

STATE 🔺

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

) or (h).	Joint Fundraisin	g Participant:		
1.			FEC ID number	C
2.			FEC ID number	С
3.			FEC ID number	C
4.			FEC ID number	С
Nomo	of Any Connected	Organization, Affiliated Committee, Joint Fundra	nicing Poprocontativ	or Londership BAC Sponsor
	d NC Victory Fun			
Ν	Mailing Address	PO Box 97275		
		Raleigh		27624-7275
F	Relationship:		STATE A	
	Connected	d Organization	Fundraising Representa	ative Leadership PAC Sponso
Ful	II Name			
Ма	iling Address			
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TI	TLE OR POSITION	•		
ті L	TLE OR POSITION	•	L L L L L L L L L L L L L L L L L L L	
		▼ Te	lephone Number	
Banks		ries: List all banks or other depositories in which t	lephone Number	
Banks safety Name	or Other Deposito deposit boxes or ma	ries: List all banks or other depositories in which t	lephone Number	
Banks safety Name Deposi	or Other Deposito deposit boxes or ma of Bank, tory, etc.	ries: List all banks or other depositories in which taintains funds.	lephone Number	
Banks safety Name Deposi	or Other Deposito deposit boxes or ma	ries: List all banks or other depositories in which taintains funds.	lephone Number	
Banks safety Name Deposi	or Other Deposito deposit boxes or ma of Bank, tory, etc.	ries: List all banks or other depositories in which taintains funds.	lephone Number	

CITY

STATE 🔺

ZIP CODE

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

or (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
Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representativ	e, or Leadership PAC Sponsor
Edwards Victory Fun	d		
Mailing Address	PO Box 97275		
	Raleigh		27624-7275
Relationship:			
Connecte	d Organization	Fundraising Represent	ative Leadership PAC Sponso
Designated Agent: Identif	fy by name, address (phone number – optional)		
Full Name			
Mailing Address			
			-
		STATE A	
TITLE OR POSITION	1	lephone Number	_   _
		iephone Number	
Banks or Other Deposito			
	pries: List all banks or other depositories in which t aintains funds	the committee deposi	ts funds, holds accounts, rents
safety deposit boxes or m		the committee deposi	ts funds, holds accounts, rents
safety deposit boxes or m		the committee deposi	ts funds, holds accounts, rents
safety deposit boxes or m Name of Bank, First C	aintains funds.	the committee deposi	ts funds, holds accounts, rents
Name of Bank, Depository, etc.	aintains funds. Citizens	the committee deposi	ts funds, holds accounts, rents
Name of Bank, Depository, etc.	aintains funds. Citizens	the committee deposi	ts funds, holds accounts, rents

CITY

STATE **A** 

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5(g) c	or (h). Joint Fundraising	Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	C
	3.		FEC ID number	С
	4.		FEC ID number	С
6.	-	Organization, Affiliated Committee, Joint Fundra	ising Representative	, or Leadership PAC Sponsor
	Grow The Majority			
	Mailing Address	228 S Washington Street		
		Suite 115		
		Alexandria		22314-
	Relationship:		STATE A	ZIP CODE 🔺
	Connected	Organization Affiliated Committee X Joint I	Fundraising Representa	tive Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
8.	Designated Agent: Identify	by name, address (phone number – optional)		
8.		by name, address (phone number - optional)		
8.	Full Name	by name, address (phone number - optional)		
8.	Full Name	by name, address (phone number - optional)		
8.	Full Name		└ · · · · · · · · · · · · · · · · · · ·	
8.	Full Name		L I I I I I I I I I I I I I I I I I I I	
8.	Full Name		ephone Number	

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4.		FEC	CID number	С
	<b>A</b>			
Moore NC Victory Fu	Organization, Affiliated Committee,	, Joint Fundraising	Representativo	e, or Leadership PAC Sponsor
Mailing Address	PO Box 97275			
	Raleigh			27624-7275
Relationship:	CITY A		STATE	
Connecte	d Organization	ee 🗙 Joint Fundrai	sina Represent	ative
Designated Agent: Identif	/ by name, address (phone number -	- optional)		
Designated Agent: Identif	/ by name, address (phone number -	- optional)		
	/ by name, address (phone number -	- optional)		
Full Name	/ by name, address (phone number -	- optional)		
Full Name	/ by name, address (phone number -	- optional)		
Full Name		- optional)		
Full Name			STATE	

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

5(g) c	or (h). Joint Fundraisir	ng Participant:				
	1.			FEC ID number	C	
	2.			FEC ID number	С	
	3.			FEC ID number	С	
	4.			FEC ID number	С	
6.	Name of Any Connected	Organization, Affiliated Committee, Joint	<sup>-</sup> undraisi	ing Representativ	e, or Leadership	PAC Sponsor
	Mailing Address	228 S Washington St				
		Ste 115				
		Alexandria			22314-5404	
	Relationship:				7IP (	
8.		d Organization Affiliated Committee X		ndraising Represent	tative Leaders	hip PAC Sponsor
	Full Name					
	Mailing Address					
		1				-
	TITLE OR POSITION			STATE A	ZIP CO	
			Telep	hone Number		
9.	Banks or Other Deposito safety deposit boxes or ma	<b>pries:</b> List all banks or other depositories in v aintains funds.	vhich the	committee deposit	ts funds, holds acc	counts, rents
	Name of Bank, First C	itizens				1
	Depository, etc.					

 Raleigh
 NC
 27605
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 CITY ▲
 STATE ▲
 ZIP CODE ▲

5(g) or (	(h). Joint Fundraising	g Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6. <b>N</b>	ame of Any Connected	Organization, Affiliated Committee, Joint Fun	draising Representative	. or Leadership PAC Sponsor
	Pit Crew Fund		5	ź <b>· ·</b>
	Mailing Address	824 Milledge Cir		
		Ste 101		
		Athens	GA	30606-
	Relationship:	CITY A	STATE ▲	
	Connected	Organization Affiliated Committee X Joi	nt Fundraising Representa	tive Leadership PAC Sponsor
8. D	esignated Agent: Identify	by name, address (phone number - optional)		
8. D	esignated Agent: Identify	by name, address (phone number - optional)		
		by name, address (phone number - optional)		
	Full Name	by name, address (phone number - optional)		
– 8. D	Full Name	by name, address (phone number - optional)		
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– 8. D	Full Name		└ · · · · · · · · · · · · · · · · · · ·	□
	Full Name			
9. <b>B</b>	Full Name Mailing Address TITLE OR POSITION		Telephone Number	
9. <b>B</b> Sá	Full Name          Mailing Address         TITLE OR POSITION            anks or Other Depositor         afety deposit boxes or ma		Telephone Number	
9. <b>B</b> Sa N	Full Name Mailing Address TITLE OR POSITION		Telephone Number	
9. <b>B</b> Sa N	Full Name Mailing Address TITLE OR POSITION		Telephone Number	
9. <b>B</b> Sa N	Full Name          Mailing Address         TITLE OR POSITION            anks or Other Depositor         afety deposit boxes or ma         lame of Bank,         epository, etc.		Telephone Number	
9. <b>B</b> Sa N	Full Name          Mailing Address         TITLE OR POSITION            anks or Other Depositor         afety deposit boxes or ma         lame of Bank,         epository, etc.		Telephone Number	

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on Affiliated Committee	× Joint Fundraisi	na Representa	ative Leadership PAC Sp
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	Telephone	Number	
		Il banks or other depositories in which the comm	Image: State ▲         Image: State ↓         Image

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(h). Joint Fundrai	sing Participant:				_			
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2.			F	EC ID num	nber C	;		
3.			F	EC ID num	nber C	;		
4.			F	EC ID num	nber C	;		
Name of Any Connect	ed Organization, Aff	iliated Committee, Join	nt Fundraisin	g Represe	ntative, o	r Leaders	hip PAC	C Spons
Trump 47 Committ	ee							
Mailing Address	PO Box 509				1 1 1		1 1	1 1 1
	Arlington				/Α	22216-0	509	
Relationship:				L	⊥I TE ▲			
							adarchin	PAC Sp
	tify by name, addres	Affiliated Committee	Joint Fund	Iraising Rep	resentative	e Le		FAC Sp
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Designated Agent: Ider		_		Iraising Rep				
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Designated Agent: Ider Full Name Mailing Address	ntify by name, addres	SS (phone number – opti	ional)	STATE			-	
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(h). Joint Fundraisir	ng Participant:		
1		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
Name of Any Connected	Organization, Affiliated Committee, Joint Fund	traising Representativ	e, or Leadership PAC Sponsor
Mailing Address	c/o Red Curve Solutions		
	138 Conant Street, 2nd Floor		
	Beverly		01915-1666
Relationship:		STATE	
Connecte			
	y by name, address (phone number – optional)		
Designated Agent: Identif	y by name, address (phone number - optional)		
Designated Agent: Identif	y by name, address (phone number – optional)		
Designated Agent: Identif	y by name, address (phone number – optional)		
Designated Agent: Identif Full Name			
Designated Agent: Identif		I I I I I I I I I I I I I I I I I I I	
Designated Agent: Identif Full Name Mailing Address TITLE OR POSITION		Telephone Number	
Designated Agent: Identif Full Name Mailing Address TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or m Name of Bank, Depository, etc		Telephone Number	