

**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

Illinois Republican Party - Federal

ADDRESS (number and street)

PO Box 78

☐ (Check if address is changed)

Springfield

CITY ▲

IL

STATE ▲

62705-0078

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☒ (Check if address is changed)

lamar.c.gop@gmail.com

Optional Second E-Mail Address

outsourcing@aristotle.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

illinois.gop

2. DATE

MM / DD / YYYY  
08 / 18 / 2026

3. FEC IDENTIFICATION NUMBER ►

C C00005926

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 Lamar, Cynthia, , ,

Signature of Treasurer Lamar, Cynthia, , ,

Date

MM / DD / YYYY  
08 / 20 / 2026

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  
Use  
OnlyFor 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  
CandidateCandidate  
Party AffiliationOffice  
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  (National, State or subordinate) committee of the  (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.)

- (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 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

1. 2. C C

Write or Type Committee Name

## Illinois Republican Party - Federal

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

Protect the House 2024

Mailing Address

PO Box 30844

Bethesda

MD

20824-

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: ☐ Connected Organization ☐ Affiliated Organization ☒ 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

Lamar, Cynthia, , ,

Mailing Address

1312 W Lake Shore Dr

Springfield

IL

62712-9512

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Custodian of Records

Telephone number

217

553

9027

## 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

Lamar, Cynthia, , ,

Mailing Address

1312 W Lake Shore Dr

Springfield

IL

62712-9512

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

217

553

9027

Full Name of  
Designated  
Agent

Mailing Address

Title or Position ▼

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.

Chain Bridge Bank

Mailing Address

1445A Laughlin Ave.

McLean

VA

22101

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Classic City Bank

Mailing Address

2365 W. Broad St.

Athens

GA

30606

CITY ▲

STATE ▲

ZIP CODE ▲

## FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

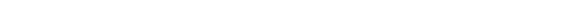
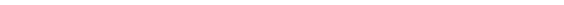
Form/Schedule: F1A

Transaction ID :

To remove terminated JFC's, affiliations and banks. Also to update email address for contact.

Form/Schedule:

Transaction ID:

1. 
2. 
3. 
4. 

FEC ID number C . . . . .

FEC ID number C . . . . .

FEC ID number C . . . . .

FEC ID number C . . . . .

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

| Response          | Percentage |
|-------------------|------------|
| Grow The Majority | 100%       |

Mailing Address

228 S Washington St Ste 115

Alexandria VA 22314-

Relationship:

CITY ▲ STATE ▲ ZIP CODE ▲

☐ Connected Organization    ☐ Affiliated Committee    ☒ Joint Fundraising Representative    ☐ Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

|                     |        |  |                  |         |  |            |  |  |  |  |
|---------------------|--------|--|------------------|---------|--|------------|--|--|--|--|
| Full Name           |        |  |                  |         |  |            |  |  |  |  |
| Mailing Address     |        |  |                  |         |  |            |  |  |  |  |
|                     |        |  |                  |         |  |            |  |  |  |  |
|                     |        |  |                  |         |  |            |  |  |  |  |
|                     |        |  |                  |         |  |            |  |  |  |  |
| TITLE OR POSITION ▼ | CITY ▲ |  |                  | STATE ▲ |  | ZIP CODE ▲ |  |  |  |  |
|                     |        |  | 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,<br>Depository, etc. | Wells Fargo        |         |            |
| Mailing Address                   | 8302 Woodmont Ave. |         |            |
|                                   |                    |         |            |
|                                   | Bethesda           | MD      | 20814      |
|                                   |                    |         |            |
|                                   | CITY ▲             | STATE ▲ | ZIP CODE ▲ |

5(g) or (h). **Joint Fundraising Participant:**

1.

2.

3.

4.

FEC ID number

FEC ID number

FEC ID number

FEC ID number

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

Bost Victory Fund

Mailing Address

PO BOX 9891

ARLINGTON

VA

22219-

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐

Connected Organization

☐

Affiliated Committee

☒

Joint Fundraising Representative

☐

Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

Mailing Address

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

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.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

FEC ID number

C \_\_\_\_\_

FEC ID number

C \_\_\_\_\_

FEC ID number

C \_\_\_\_\_

FEC ID number

C \_\_\_\_\_

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**NRSC Victory  
\_\_\_\_\_  
\_\_\_\_\_

Mailing Address

228 S WASHINGTON ST  
\_\_\_\_\_  
\_\_\_\_\_STE 115  
\_\_\_\_\_  
\_\_\_\_\_ALEXANDRIA  
\_\_\_\_\_  
\_\_\_\_\_VA  
\_\_\_\_\_  
\_\_\_\_\_22314-  
\_\_\_\_\_  
\_\_\_\_\_

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐

Connected Organization

☐

Affiliated Committee

☒

Joint Fundraising Representative

☐

Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

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. \_\_\_\_\_Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲



5(g) or (h). **Joint Fundraising Participant:**

|    |                      |               |                                |
|----|----------------------|---------------|--------------------------------|
| 1. | <input type="text"/> | FEC ID number | <input type="text" value="C"/> |
| 2. | <input type="text"/> | FEC ID number | <input type="text" value="C"/> |
| 3. | <input type="text"/> | FEC ID number | <input type="text" value="C"/> |
| 4. | <input type="text"/> | FEC ID number | <input type="text" value="C"/> |

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

Trump 47 Committee, Inc.

Mailing Address

P.o. Box 509

Arlington

VA

22216-

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐ Connected Organization ☐ Affiliated Committee ☒ Joint Fundraising Representative ☐ Leadership PAC Sponsor8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

Mailing Address

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone Number

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Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲