Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) Republican Federal Committee of Pennsylvania 112 State Street ADDRESS (number and street) (Check if address is changed) Harrisburg 17101 PA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS skeckler@pagop.org (Check if address is changed) Optional Second E-Mail Address nwatkins@robertwatkins.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address www.pagop.org is changed) DATE 2020 C00044842 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. Baker, Michael, , , Type or Print Name of Treasurer Baker, Michael, , , [Electronically Filed] 10 20 2020 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

ı	FFC <b>Fo</b>	rm 1 (Revised 02/2009)	Page <b>2</b>
TYPE	E OF C	OMMITTEE	1 49 <del>0</del> 2
Can	didate	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. (Compleinformation below.)	ete the candidate
Name Cand	e of lidate		
	lidate Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of lidate		
Parl	ty Com	nmittee:	
(d)	×	CTA DED	emocratic, epublican, etc.) Party
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conne	cted organization is a
•			_abor 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 segrecommittee. (i.e., nonconnected committee)	egated 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.)	
Join	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(h)		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
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC <b>F</b> c	orm 1 (Revised 02/2009)	Page <b>3</b>
Write or Type	Committee Name	
Republ	ican Federal Committee of Pennsylvania	
6. Name of A	ny Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Lo	eadership PAC Sponsor
Toomey Pe	ennsylvania Victory Fund	
	228 S. Washington Street	
Mailing Addı	ress Suite 115	
		2314
	CITY STATE	ZIP CODE
Relationship	: Connected Organization Affiliated Committee X Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of books and r	of Records: Identify by name, address (phone number optional) and position of the person ecords.	n in possession of committee
	Keckler, Stuart, , ,	
Full Name	112 State Street	
Mailing Addı	ress .	
	Nami de la companya della companya della companya della companya de la companya della companya d	7101
	Harrisburg PA 1	7101
Title or Posi	tion CITY STATE	ZIP CODE
Comptrolle	r 717         Telephone number	_ 234 4901
	ist the name and address (phone number optional) of the treasurer of the committee; and ted agent (e.g., assistant treasurer).	the name and address of
Full Name of Treasurer	Baker, Michael, , ,	
Mailing Addr	ess 112 State Street	
	Harrisburg PA 17	7101
Title or Posit	CITY STATE	ZIP CODE
Treasurer	717 Telephone number	

FEC Form 1	(Revised 02/2009)	Page <b>4</b>
Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
Banks or Other Departed by Safety deposit boxes  Name of Bank, Depo		
safety deposit boxes Name of Bank, Depo	ository, etc.	
safety deposit boxes  Name of Bank, Depo	BB&T  1909 K Street, N.W.	ZIP CODE
safety deposit boxes  Name of Bank, Depo	BB&T  1909 K Street, N.W.  Washington  CITY  STATE	ZIP CODE
safety deposit boxes  Name of Bank, Depo	BB&T  1909 K Street, N.W.  Washington  CITY  STATE	ZIP CODE
safety deposit boxes  Name of Bank, Depo	BB&T  1909 K Street, N.W.  Washington  CITY  STATE  ository, etc.	ZIP CODE
safety deposit boxes  Name of Bank, Depo	BB&T  1909 K Street, N.W.  Washington  CITY  STATE  ository, etc.	ZIP CODE
safety deposit boxes  Name of Bank, Depo	BB&T  1909 K Street, N.W.  Washington  CITY  STATE  ository, etc.  1 North Shore Center, #503	ZIP CODE
safety deposit boxes  Name of Bank, Depo	BB&T  1909 K Street, N.W.  Washington  CITY  STATE  ository, etc.	ZIP CODE

FEC Form 1S (Revised 02/2017)

Page \_\_\_\_ **of** \_\_\_\_\_

5(g) d	or(h). <b>Joint Fundraisin</b>	g Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	C
	3.		FEC ID number	C
	4		FEC ID number	С
6.	Name of Any Connected Toomey PA Prosp	Organization, Affiliated Committee, Joint Fundrai	sing Representative	e, or Leadership PAC Sponsor
	Mailing Address	228 S. Washington Street		
		Suite 115  Alexandria	, VA,	22314
	Relationship:	CITY <b>A</b>	STATE A	ZIP CODE ▲
			undraising Represent	
8.	Designated Agent: Identify	y by name, address (phone number – optional)		
	Full Name			
	Mailing Address			
	TITLE OR POSITION	_ CITY ▲	STATE ▲	ZIP CODE ▲
		•		
			ephone Number	
9.	Banks or Other Deposito safety deposit boxes or ma	ries: List all banks or other depositories in which the		s funds, holds accounts, rents
9.	Banks or Other Deposito safety deposit boxes or many Name of Bank, Depository, etc.	ries: List all banks or other depositories in which thaintains funds.		s funds, holds accounts, rents
9.	Banks or Other Deposito safety deposit boxes or ma	ries: List all banks or other depositories in which thaintains funds.  Bridge Bank		s funds, holds accounts, rents
9.	Banks or Other Deposito safety deposit boxes or many Name of Bank, Depository, etc.	ries: List all banks or other depositories in which the aintains funds.  Bridge Bank  1445-A Laughlin Avenue	ne committee deposit	
9.	Banks or Other Deposito safety deposit boxes or many Name of Bank, Depository, etc.	ries: List all banks or other depositories in which thaintains funds.  Bridge Bank		s funds, holds accounts, rents

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

Page \_\_\_\_ **of** \_\_\_\_\_\_

h). <b>Joint Fundraisin</b>		FEC ID number	
1.		FEC ID number	C
2.		FEC ID number	C
3.			
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
Smucker Victory (	Committee		
Mailing Address	824 S. Milledge Avenue		
Mailing Address	Suite 101		
	Athens	GA	30605
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connected	Organization Affiliated Committee	t Fundraising Representa	ative Leadership PAC S
	Organization Affiliated Committee	t Fundraising Representa	Leadership PAC S
esignated Agent: Identify		t Fundraising Representa	Leadership PAC S
esignated Agent: Identify  Full Name   _   _   _		t Fundraising Representa	Leadership PAC S
esignated Agent: Identify  Full Name   _   _   _		t Fundraising Representa	Leadership PAC S
esignated Agent: Identify  Full Name	by name, address (phone number – optional)	Fundraising Representation	Leadership PAC S
esignated Agent: Identify  Full Name   _   _   _	by name, address (phone number – optional)  CITY		
esignated Agent: Identify  Full Name	by name, address (phone number – optional)  CITY   CITY   Teles: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or ma	by name, address (phone number – optional)  CITY   CITY   Teles: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or ma	by name, address (phone number – optional)  CITY   CITY   Teles: List all banks or other depositories in which intains funds.  Fargo Bank	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail	by name, address (phone number – optional)  CITY   CITY   Teles: List all banks or other depositories in which intains funds.	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor dety deposit boxes or mail ame of Bank, epository, etc.	by name, address (phone number – optional)  CITY   CITY   Teles: List all banks or other depositories in which intains funds.  Fargo Bank	STATE A	ZIP CODE A

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g) or (h). <b>Joint Fundraisin</b>	p Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		   FEC ID numbe	C
		FEC ID numbe	C
7.		<u> </u>	
Name of Any Connected	Organization, Affiliated Committee, Joint I	Fundraising Representat	ive, or Leadership PAC Sponsor
Protect the House			
Mailing Address	P. O. Box 30844		
	Bethesda		20824
Relationship:	CITY ▲	STATE	▲ ZIP CODE ▲
Connected	Organization Affiliated Committee	Joint Fundraising Represe	ntative Leadership PAC Sponsor
Full Name	by name, address (phone number – option	ai)	
Mailing Address		1 1 1 1 1 1 1	
	1		
TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
		Telephone Number	
Banks or Other Depositor safety deposit boxes or ma  Name of Bank, Depository, etc.		which the committee depo	sits funds, holds accounts, rents
Mailing Address	2001 K Street, N.W.	1 1 1 1 1 1 1 1	
	<u> </u>	<u>                                     </u>	
	Washington	DC	20026
	CITY A	STATE A	ZIP CODE ▲

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n). <b>Joint Fundraising</b>	Participant:			
1.			FEC ID number	C
2			FEC ID number	C
3.			FEC ID number	С
4.			FEC ID number	С
	Organization, Affiliated Committ	ee, Joint Fundrai	sing Representative	e, or Leadership PAC Spor
Win in 2020				
Mailing Address	320 First Street, S.E.			
	Washington		DC DC	20003
Relationship:	CITY A		STATE ▲	ZIP CODE ▲
	Organization Affiliated Comm	nittee X Joint F	Fundraising Representa	ative Leadership PAC S
Connected esignated Agent: Identify			Fundraising Representa	Leadership PAC S
Connected esignated Agent: Identify Full Name	Organization Affiliated Comm		Fundraising Representa	Leadership PAC S
Connected esignated Agent: Identify	Organization Affiliated Comm		Fundraising Representa	Leadership PAC S
Connected esignated Agent: Identify Full Name	Organization Affiliated Comm	er – optional)		
connected esignated Agent: Identify Full Name Mailing Address	Organization Affiliated Community by name, address (phone number	er – optional)		
Connected esignated Agent: Identify Full Name	Organization Affiliated Community by name, address (phone number	er – optional)	STATE A	
connected esignated Agent: Identify Full Name Mailing Address	Organization Affiliated Community by name, address (phone number	er – optional)		
Connected  esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor fety deposit boxes or mail	Organization Affiliated Community by name, address (phone number of the community of the co	er – optional)  Tele	STATE A	ZIP CODE A
connected  esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor fety deposit boxes or mail ame of Bank, Capital epository, etc.	Organization Affiliated Community by name, address (phone number of the community of the co	er – optional)  Tele	STATE A	ZIP CODE A
Connected  esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor fety deposit boxes or mail	Organization Affiliated Community by name, address (phone number  CITY A  es: List all banks or other depositations funds.  One Bank	er – optional)  Tele	STATE A	ZIP CODE A
connected  esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor fety deposit boxes or mail ame of Bank, Capital epository, etc.	Organization Affiliated Community by name, address (phone number  CITY A  es: List all banks or other depositations funds.  One Bank	er – optional)  Tele	STATE A	ZIP CODE A

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

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h). <b>Joint Fundraisin</b>			
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4		FEC ID number	С
Trump Victory	Organization, Affiliated Committee, Joint Fund	raising Representativ	e, or Leadership PAC Spon
Mailing Address	c/o Red Curve Solutions		
<b>3</b>	131 Conant Street, 2nd Floor		
	Beverly	, MA	01915
Relationship:	CITY A	STATE A	ZIP CODE A
Connected	d Organization Affiliated Committee	t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identify	Affiliated Committee Join by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identify  Full Name		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identify		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identify  Full Name		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identify  Full Name	by name, address (phone number – optional)		
esignated Agent: Identify  Full Name	by name, address (phone number – optional)	t Fundraising Represent	
esignated Agent: Identify  Full Name	by name, address (phone number – optional)  CITY		
esignated Agent: Identify  Full Name	r by name, address (phone number – optional)  CITY   Tries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or mail	r by name, address (phone number – optional)  CITY   Tries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name	r by name, address (phone number – optional)  CITY   Tries: List all banks or other depositories in which	STATE A	ZIP CODE A

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

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h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4		FEC ID number	С
	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Parnell Victory C	ommittee 		
Mailing Address	P. O. Box 1488		
	Cranberry Township	PA	16066
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC S
esignated Agent: Identi	Affiliated Committee Joint  y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identi		Fundraising Representa	Leadership PAC S
esignated Agent: Identi		Fundraising Representa	Leadership PAC S
esignated Agent: Identi		Fundraising Representa	Leadership PAC S
esignated Agent: Identing Full Name	y by name, address (phone number – optional)		
esignated Agent: Identi	by by name, address (phone number – optional)  CITY	STATE A	
esignated Agent: Identing Full Name	by by name, address (phone number – optional)  CITY		
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite aftety deposit boxes or mane of Bank,	cy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite aftety deposit boxes or mame of Bank, epository, etc.	cy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite aftety deposit boxes or mane of Bank,	cy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite aftety deposit boxes or mame of Bank, epository, etc.	cy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A

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5(g)	or(h). <b>Joint Fundraising</b>	յ Participant։		
	1		FEC ID number	
	2.		FEC ID number C	
	3.		FEC ID number	
	4.		FEC ID number	Ī
				_
6.	Name of Any Connected (	Organization, Affiliated Committee, Joint Fundra	aising Representative, or Leadership PAC Sponsor	
	Take Back the Hou	use 2020		ı
	Mailing Address	P. O. Box 30844		
		Bethesda	MD 20824	_
	Relationship:	CITY ▲	STATE ▲ ZIP CODE ▲	_
	Connected	Organization Affiliated Committee	Fundraising Representative Leadership PAC Spons	cor
	Comination	, illinated committee	Turidianing Hoprocomanies 200000mp 1710 Openin	,,,
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
		1		
	TITLE OF POSITION	_ CITY ▲	STATE ▲ ZIP CODE ▲	_
	TITLE OR POSITION		lephone Number	ı
			repriorie Number	_
9.	Banks or Other Depositorisafety deposit boxes or mai	i <b>es:</b> List all banks or other depositories in which to ntains funds.	the committee deposits funds, holds accounts, rents	
	Depository, etc.			$\Box$
	Mailing Address	1		- 1
	Mailing Address			
	Walling Address			
	Mailing Address			_ _ _

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

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h). <b>Joint Fundraisi</b> r		FEC ID number	C
1.		FEC ID number	C
2.			
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Team Fitz			
Mailing Address	P. O. Box 30844		
	Bethesda	, ,   MD	20824
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC S
	d Organization Affiliated Committee Joint y by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name Mailing Address	y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional)  CITY		
esignated Agent: Identify  Full Name	y by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail	y by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION anks or Other Depositor afety deposit boxes or material depositions are of Bank,	y by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or material depository, etc	y by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A