

**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

Republican Federal Committee of Pennsylvania

ADDRESS (number and street)

112 State Street

☐ (Check if address is changed)

Harrisburg

CITY ▲

PA

STATE ▲

17101

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☒ (Check if address is changed)

skeckler@pagop.org

Optional Second E-Mail Address

nwatkins@robertwatkins.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

www.pagop.org

2. DATE

M	M	/	D	D	/	Y	Y	Y	Y
10			10			2020			

3. FEC IDENTIFICATION NUMBER ►

C C00044842

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 Baker, Michael, , ,

Signature of Treasurer Baker, Michael, , ,

[Electronically Filed]

Date

M	M	/	D	D	/	Y	Y	Y	Y
10			20			2020			

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

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 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.)

**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. | <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"/> |

Write or Type Committee Name

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

Toomey Pennsylvania Victory Fund

Mailing Address

228 S. Washington Street

Suite 115

Alexandria

VA

22314

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

Keckler, Stuart, , ,

Mailing Address

112 State Street

Harrisburg

PA

17101

Title or Position

CITY

STATE

ZIP CODE

Comptroller

Telephone number

717

234

4901

**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

Baker, Michael, , ,

Mailing Address

112 State Street

Harrisburg

PA

17101

Title or Position  
Treasurer

CITY

STATE

ZIP CODE

Telephone number

717

234

4901

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.

BB&T

Mailing Address

1909 K Street, N.W.

Washington

DC

20006

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

First National Bank

Mailing Address

1 North Shore Center, #503

Pittsburgh

PA

15212

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**

Mailing Address

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

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

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Connected Organization

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Affiliated Committee

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Joint Fundraising Representative

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Leadership PAC Sponsor

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CITY ▲

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Relationship:

CITY ▲

STATE ▲

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Connected Organization

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Joint Fundraising Representative

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TITLE OR POSITION ▼

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6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**  
**Win in 2020**

Mailing Address   
  
   -   
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   
  
 CITY ▲ STATE ▲ ZIP CODE ▲  
TITLE OR POSITION ▼  Telephone Number  -  -

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Name of Bank, Depository, etc.   
Mailing Address   
  
   -   
CITY ▲ STATE ▲ ZIP CODE ▲



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C \_\_\_\_\_

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

Trump Victory

Mailing Address

c/o Red Curve Solutions

131 Conant Street, 2nd Floor

Beverly

MA

01915

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐

Connected Organization

☐

Affiliated Committee

☒

Joint Fundraising Representative

☐

Leadership PAC Sponsor

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Full Name

Mailing Address

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone Number

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Name of Bank,

Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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FEC ID number

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Mailing Address

Relationship:

CITY ▲

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ZIP CODE ▲

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Connected Organization

☐

Affiliated Committee

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Joint Fundraising Representative

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Leadership PAC Sponsor

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STATE ▲

ZIP CODE ▲

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FEC ID number

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

Take Back the House 2020

\_\_\_\_\_

\_\_\_\_\_

Mailing Address

P. O. Box 30844

\_\_\_\_\_

\_\_\_\_\_

Bethesda

MD

20824

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

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Mailing Address

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TITLE OR POSITION ▼

CITY ▲

STATE ▲

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Name of Bank,

Depository, etc.

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Mailing Address

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CITY ▲

STATE ▲

ZIP CODE ▲

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FEC ID number

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FEC ID number

C \_\_\_\_\_

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

Team Fitz

Mailing Address

P. O. Box 30844

Bethesda

MD

20824

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐

Connected Organization

☐

Affiliated Committee

☒

Joint Fundraising Representative

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