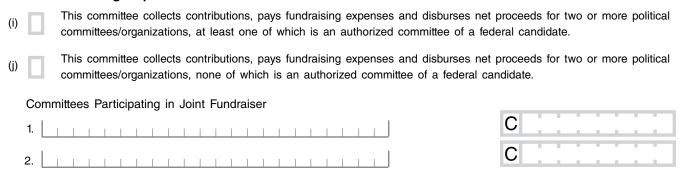
FEC FORM 1	STATEMEI ORGANIZ			PAGE 1 / 17
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Republican Federa	al Committee of Pe	ennsylvania		
ADDRESS (number and street)	3501 North Front Street			
(Check if address is changed)				
le changed)	Harrisburg └ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │		LPA L1 STATE ▲	7110 – ZIP CODE▲
COMMITTEE'S E-MAIL ADDRI	ESS			
<ul> <li>(Check if address is changed)</li> </ul>	skeckler@pagop.org			
	Optional Second E-Mail Ad   nwatkins@robertwatkins.com	dress		
COMMITTEE'S WEB PAGE AD				
2. DATE 02 / 1	8 / Y Y Y Y 8 2025			
3. FEC IDENTIFICATION N	UMBER ► C c	00044842		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
I certify that I have examined	his Statement and to the best	of my knowledge and belief	it is true, correct a	nd complete.
Type or Print Name of Treasure	er Demarco, Samuel, , , III			
Signature of Treasurer Den	narco, Samuel, , , III		Date 02	/ D D / Y Y Y Y Y 18 2025
NOTE: Submission of false, error		may subject the person signing	-	he penalties of 52 U.S.C. §3010
Office Use Only		For further information Federal Election Commit Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

	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. (Com information below.)	nplete the candidate
Name of Candidate	
Candidate Office	State
Party Affiliation Sought: House Senate Presider	nt District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
(d) X       This committee is a       OTA       or subordinate) committee of the       Rep         Political Action Committee (PAC):       (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its committee is a separate segregated fund.       (Identify connected organization on line 6.) Its committee is a separate segregated fund.	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.	
	egregated fund or party
<ul> <li>(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate set</li> </ul>	egregated fund or party
<ul> <li>(f) In addition, this committee is a Lobbyist/Registrant PAC.</li> <li>(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)</li> </ul>	egregated fund or party
<ul> <li>(f) In addition, this committee is a Lobbyist/Registrant PAC.</li> <li>(f) In addition, this committee supports/opposes more than one Federal candidate, and is NOT a separate second committee. (i.e., nonconnected committee)</li> <li>In addition, this committee is a Lobbyist/Registrant PAC.</li> </ul>	egregated fund or party
<ul> <li>(f) In addition, this committee is a Lobbyist/Registrant PAC.</li> <li>(f) In addition, this committee is a Lobbyist/Registrant PAC.</li> <li>(f) In addition, this committee is a Lobbyist/Registrant PAC.</li> <li>In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)</li> </ul>	egregated fund or party

## Joint Fundraising Representative:



In addition, this committee is a Lobbyist/Registrant PAC.

FEC Form 1 (Revised 02/2009)	Page 3
Write or Type Committee Name	

## Republican Federal Committee of Pennsylvania

6.	Name of Any Connected Or	ganization, Affiliated	Com	mitte	ee, .	Joir	nt F	un	dra	isi	۱g	Re	pre	sei	nta	tive	e, o	r L	ead	lers	ship	) P	AC	Sp	on	sor	
	Smucker Victory Com	nmittee																									
	<u> </u>																										
	Mailing Address	824 S. Milledge Avenu	e																								
		Suite 101																									
		Athens												Ľ	GA			Ľ	8060	05				·L			
			СІТ	Y 🔺										ST/	ATE						ZI	P(	COI	DE			
	Relationship: Connected	Organization Affilia	ted O	rgan	izatio	on	×	<b>(</b> J	loin	t Fi	Indr	ais	ing	Re	pre	sen	tati	ve			Lea	ıder	rshi	рP	AC	Spo	onso

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

Keckler, S	Stuart, , ,		1
Full Name			
Mailing Address	3501 North Front Street	_	
	Harrisburg	PA 17110	
	CITY 🔺	STATE A	ZIP CODE
Title or Position ▼			
Comptroller	Te	lephone number	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	Demarco, Samuel, , , III
Mailing Address	3501 North Front Street
	Harrisburg     PA     17110       Image: Im
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	<b>7</b>
Treasurer	Image: Telephone number     717     234     4901

FEC Form 1 (Revised 02	2/2009)	Page <b>4</b>
Full Name of Designated Agent		
Mailing Address	L	
	CITY ▲ STATE ▲	ZIP CODE
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.

Truist	Bank		
Mailing Address	1909 K Street, N.W.		
	Washington	DC 20006	
	CITY A	STATE ▲	ZIP CODE
Name of Bank, Depositor	y, etc. National Bank		
Mailing Address	1 North Shore Center, #503		
	Pittsburgh	PA 15212	
	CITY A	STATE A	ZIP CODE

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

22101

ZIP CODE

VA

STATE 🔺

5(g) oi	r(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
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	iising Representative	e, or Leadership PAC Sponsor
	Mailing Address	c/o Red Curve Solutions		
		131 Conant Street, 2nd Floor		
		Beverly	MA	01915
	Relationship:		STATE A	
- 8.		Organization Affiliated Committee X Joint by name, address (phone number – optional)	Fundraising Represent	ative Leadership PAC Sponsor
8.				
- 8.	Designated Agent: Identify			
8.	Designated Agent: Identify			
8.	Designated Agent: Identify			
8.	Designated Agent: Identify Full Name	by name, address (phone number – optional)		
-	Designated Agent: Identify	by name, address (phone number – optional)		
9.	Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION	by name, address (phone number – optional)		
9.	Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or ma	by name, address (phone number – optional)		

L

1 1

CITY

McLean

EC F	Form	1S	(Revised	02/2017)
------	------	----	----------	----------

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	C
3.		FEC ID number	С
4.		FEC ID number	С
4.			
Name of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Sponsor
Team Fitz		0	· · ·
Mailing Address	P. O. Box 30844		
	Bethesda		20824
Relationship:		STATE A	ZIP CODE
Connecte	d Organization Affiliated Committee X Join	t Fundraising Represent	ative Leadership PAC Spons
Full Name			
Full Name			
Mailing Address			<pre></pre>
			<pre></pre>
Mailing Address		· · · · · · · · · · · · · · · · · · ·	
Mailing Address	. ▼ т	elephone Number	
Mailing Address	<pre></pre>	elephone Number	
Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or m	<b>pries:</b> List all banks or other depositories in which aintains funds.	elephone Number	
Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or m	<pre></pre>	elephone Number	
Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or m Name of Bank, Wells Depository, etc.	<b>pries:</b> List all banks or other depositories in which aintains funds.	elephone Number	
Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or m Name of Bank, Wells	↓       ↓	elephone Number	
Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or m Name of Bank, Wells Depository, etc.	↓       ↓	elephone Number	

CITY

STATE 🔺

ZIP CODE

1		Participant:							
1. 🗔					FEC ID number	С			
2.					FEC ID number	С			
3.					FEC ID number	С			
4.					FEC ID number	С			
4.									
Name of	Anv Connected (	Organization, Affi	liated Committee, Jo	int Fundraisi	ng Representativ	e. or Lea	dership	PAC Sp	onso
	- Republican Victo	-	,						
Mail	ing Address	1201 F Street, N	1.W.						I
	C C	Suite 675							
		Washington				200	04		
		j							
Pol	tionchine								
		Organization by name, address	CITY A Affiliated Committee s (phone number – op		STATE ▲			ship PAC	
	Connected		Affiliated Committee						
Designate Full N	Connected		Affiliated Committee						
Designate Full N	Connected		Affiliated Committee						
Designate Full N	Connected		Affiliated Committee						
<b>Designate</b> Full N Mailin	Connected	by name, address	Affiliated Committee		ndraising Represen		Leaders	ship PAC	
<b>Designate</b> Full N Mailin	Connected	by name, address	Affiliated Committee	otional)			Leaders		

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

5(g)	or(h). Joint Fundraising	Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	С
	3.		FEC ID number	С
	4.		FEC ID number	C
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
	Team Perry Victory			
	Mailing Address	3501 N. Front Street, #200		
		1		
		Harrisburg	ΡΑ	17110
	Relationship:		STATE	
8.	Designated Agent: Identify	Organization Affiliated Committee X Joint F by name, address (phone number – optional)	Fundraising Representa	tive Leadership PAC Sponsor
8.				
8.	Designated Agent: Identify			
8.	Designated Agent: Identify			
8.	Designated Agent: Identify			
8.	Designated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional)		Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number – optional)		
8.	Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or mail	by name, address (phone number – optional)	STATE	ZIP CODE A
	Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or mail	by name, address (phone number – optional)	STATE	ZIP CODE A

 Athens
 GA
 30606

 CITY ▲
 STATE ▲
 ZIP CODE ▲

1							
2.			FEC II	D number	С		
			FEC II	D number	С		
3.			FEC II	D number	С		
4.			FEC II	D number	С		
		Affiliated Committee, Joint	Fundraising Re	oresentative	, or Leader	ship PAC Sp	onsor
Protect the Ho	ouse 2024						
	P. O. Box 3	0844					
Mailing Addr	ess						
	Bethesda			MD	20824		
Relationship:	:	CITY A		STATE 🔺		ZIP CODE	
	Connected Organization	Affiliated Committee	× Joint Fundraising	n Representa	tive	eadership PAC	Snons
Full Name			_				
				STATE A	Z		
		1	Telephone N				

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

ZIP CODE

STATE 🔺

5(g) oı	r(h). Joint Fundraising	Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	С
-				
6.	-	Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
	NRSC Victory			
	Mailing Address	228 S. Washington Street		
		Suite 115		
		Alexandria		22314
	Relationship:	CITY A	STATE	
	Connected	Organization Affiliated Committee X Joint I	Fundraising Represent	ative Leadership PAC Sponsor
-				
- 8. I	Designated Agent: Identify	by name, address (phone number – optional)		
- 8.	Designated Agent: Identify	by name, address (phone number – optional)		
- 8. I	Full Name	by name, address (phone number - optional)		
- 8.		by name, address (phone number - optional)		
- 8. I	Full Name	by name, address (phone number - optional)		
- 8. I	Full Name			
- 8. I	Full Name			
- 8. I	Full Name		I I I I I I I I I I I I I I I I I I I	
9. 1	Full Name Mailing Address TITLE OR POSITION	CITY ▲ CITY ▲ Tele Es: List all banks or other depositories in which th	ephone Number	
9.	Full Name Mailing Address	CITY ▲ CITY ▲ Tele CITY ▲	ephone Number	s funds, holds accounts, rents
9.	Full Name Mailing Address TITLE OR POSITION	CITY ▲ CITY ▲ Tele CITY ▲	ephone Number	s funds, holds accounts, rents

		Participant:											
1.						FEC	ID number	С					
2.						FEC	ID number	С					
3.						FEC	ID number	С					
4.						FEC	ID number	С					1
Name of A	ny Connected C	Organization, A	Affiliated Co	mmittee, Jo	int Fundra	ising Re	epresentativ	ve, or	Lead	ership	PAC	Spon	so
Grow th	ne Majority												
Mailir	ng Address	228 S. Washi	ngton Street										
Iviaiiii	ig Address	Suite 115											
		Alexandria							2231	1			
5.1.							STATE 🔺			710			
	ionship: Connected	Organization by name, addr	Affiliated	TY ▲ Committee number – op		Fundraisi	ng Represen	tative			ership F		oor
	Connected	-	Affiliated	Committee		Fundraisi		Itative					oor
<b>Designated</b> Full Na	Connected	-	Affiliated	Committee		Fundraisi		.tative					
<b>Designated</b> Full Na	Connected	-	Affiliated	Committee		Fundraisi							
<b>Designated</b> Full Na	Connected	-	Affiliated	Committee		Fundraisi							
<b>Designated</b> Full Na Mailing	Connected	by name, addr	Affiliated	Committee		Fundraisi				Leade		PAC Sp	
<b>Designated</b> Full Na Mailing	Connected Connected Agent: Identify me Address OR POSITION	by name, addr	Affiliated	Committee	otional)		ng Represen			Leade	ership F	PAC Sp	

1												
1. 🗖						FEC II	0 number	С				
2.						FEC II	0 number	С				
3.						FEC II	0 number	С				
4.						FEC II	D number	С				
Name of <i>I</i>	Any Connected C	Organization, A	Affiliated C	committee, J	oint Fundr	aising Re	oresentativ	e, or	Leade	rship	PAC S	pons
Team I	AcCormick											
<u></u>	· · · · · · · ·	P. O. Box 23	537	· · · ·								
Maili	ng Address											
		l Pittsburgh						L	15222			
	Connected d Agent: Identify	Organization	Affiliate	d Committee		Fundraisin	STATE ▲				CODE ship PA	
	Connected	Organization	Affiliate	d Committee		Fundraisin						
Designate Full Na	Connected	Organization	Affiliate	d Committee		Fundraisin						
Designate Full Na	Connected	Organization	Affiliate	d Committee		Fundraisin						
Designate Full Na	Connected	Organization	Affiliate	d Committee		Fundraisin						
Designate Full Na Mailing	Connected	Organization	Affiliate	d Committee						_eader		.C Spo
Designate Full Na Mailing	Connected Connec	Organization	Affiliate	d Committee e number – c	optional)		g Represent			_eader	ship PA	.C Spo

		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 C	Organization, Affili	ated Committee, Joir	nt Fundrais	ing Representati	ive, or Leade	ership PAC Spons
	mp 47 Committee,	-					
Ν	Mailing Address	P. O. Box 509					
		Arlington				22216	<sup>3</sup>
F	Relationship:		CITY A		STATE A	▲	ZIP CODE
	J		(phone number - opt	ional)			
		.,,		ional)			
	II Name						
	II Name						
Ma	II Name						
Ma	II Name				STATE A		
Ma TI Banks safety Name	II Name			Telep	hone Number		
Ma TI Banks safety Name	II Name			Telep	hone Number		
Ma TI Banks safety Name Deposi	II Name			Telep	hone Number		
Ma TI Banks safety Name Deposi	II Name			Telep	hone Number		
Ma TI Banks safety Name Deposi	II Name			Telep	hone Number		

		Participant:							
1.				FE	C ID number	С			
2.				FE	C ID number	С			
3.				FE	C ID number	С			
4.				,   FE	C ID number	С			
Name of A	ny Connected C	Drganization, Aff	iliated Committee, Joi	nt Fundraising	Representativ	e, or Lea	dership I	PAC Spoi	nso
Rob Me	ercuri Victory C	ommittee							
Mailir	ng Address	824 S. Milledge	Avenue						
Walli	iy Address	Suite 101							
		Athens			GA I	306	05		
Delet							ZIP (		
		Organization by name, addres	CITY A Affiliated Committee as (phone number – opt		STATE ▲ aising Represent	ative		Nip PAC S	Spor
	Connected		Affiliated Committee						Spor
Designated Full Na	Connected		Affiliated Committee						Spor
Designated Full Na	Connected		Affiliated Committee						Spon
<b>Designated</b> Full Na	Connected		Affiliated Committee						Spon
Designated Full Na Mailing	Connected	by name, addres	Affiliated Committee					hip PAC S	6pon
Designated Full Na Mailing	Connected	by name, addres	Affiliated Committee	ional)	aising Represent		Leaders	hip PAC S	6pon

EC	Form	1S	(Revised	02/2017)
----	------	----	----------	----------

5(g) or (	(h). Joint Fundraising	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	С
	3.		FEC ID number	С
	4.		FEC ID number	С
6. N		Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Sponsor
	Team GT			
	Mailing Address	P. O. Box 30844		
		Bethesda		20824
	Relationship:	CITY 🔺	STATE 🔺	ZIP CODE
	Connected	Organization Affiliated Committee X Join	t Fundraising Representa	ative
	Full Name			
	Mailing Address			
	TITLE OR POSITION	•	STATE A	
		<u>                       </u> Т	elephone Number	
Sa	afety deposit boxes or ma	ries: List all banks or other depositories in which intains funds.	the committee deposit	s funds, holds accounts, rents
	lame of Bank, pepository, etc.			
	Mailing Address	<pre> L</pre>		

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

| |-|

ZIP CODE

STATE 🔺

5(g)	or(h). Joint Fundraising	g Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	С
	3.		FEC ID number	С
	4.		FEC ID number	C
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundrai	sing Representative	e, or Leadership PAC Sponsor
	Team Rob			
	Mailing Address	824 S. Milledge Avenue		
		Suite 101		
		Athens	GA	30605
	Relationship:		STATE A	
	Connected	Organization Affiliated Committee X Joint F	undraising 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		STATE	· · · · · · · · · · · · · · · · · · ·
8.	Full Name			· · · · · · · · · · · · · · · · · · ·
8.	Full Name	CITY ▲ CITY ▲ Tele	phone Number	
	Full Name Mailing Address TITLE OR POSITION	CITY ▲ CITY ▲ Tele	phone Number	
	Full Name          Mailing Address         TITLE OR POSITION         Banks or Other Depositor         safety deposit boxes or ma		phone Number	
	Full Name  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or ma Name of Bank,		phone Number	
	Full Name		phone Number	s funds, holds accounts, rents

or(h). Joint Fundraising	g Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint F	undraising Representative	e, or Leadership PAC Sponsor
Pennsylvania Victory	Fund 2024		
Mailing Address	228 S. Washington Street		
	Suite 115		
	Alexandria		22314
Relationship:		STATE A	
Connected	Organization Affiliated Committee X	Joint Fundraising Represent	ative Leadership PAC Sponse
Full Name			
Mailing Address			
TITLE OR POSITION		STATE 🔺	ZIP CODE
		Telephone Number	
Banks or Other Depositor	ries: List all banks or other depositories in w	nich the committee deposi	ts funds, holds accounts, rents
safety deposit boxes or ma	intains funds.	·	
Name of Bank, Depository, etc.			
Mailing Address			