FEC FORM 1	STATEMEN ORGANIZ		RECEIVED 2014 JUN 12 AM 11:26 FEC ONDA UND CONTER
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
Mimi Walters Victor	y Fund		
ADDRESS (number and str	38 Executive Park, Su		· · · · · · · · · · · · · · · · · · ·
(Check if addres is changed)	s Irvine		CA 92614
		CITY	STATE ZIP CODE
COMMITTEE'S E-MAIL A	DDRESS (Please provide only one e info@campaign-compli. ess		<u></u>
Committee's web pag	E ADDRESS (URL)		
(Check if addre is changed)			<u> </u>
2. DATE 06	04 2014		
3. FEC IDENTIFICATIO		กระบบกฎรรณะกรฐารระดงกฎดระบดกฎรทางกระบุระบบคระบุระบาท กระบบน (กระบบ 7 ความสนับกระบบสนิยายอย สับเทศ เหมือตามและ	
4. IS THIS STATEMEN	T X NEW (N) OR	AMENDED (A)	
I certify that I have exam	ined this Statement and to the best	of my knowledge and belief	it is true, correct and complete.
Type or Print Name of Tre	easurer <u>Jen Slater</u>		
Signature of Treasurer	- Jen Sla	ter	Date 06 04 2014
NOTE: Submission of false,	erroneous, or incomplete information ANY CHANGE IN INFORMATI		this Statement to the penalties of 2 U.S.C. §437g. MITHIN 10 DAYS.
Office		For further information	

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	Office Use Only			For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 02/2009)
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F	FEC Fo	rm 1 (Revised 02/2009)	Page 2
TYPE	E OF C	OMMITTEE	•
Can	didate	Committee:	
(a)	D	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. (Con information below.)	plete the candidate
Name Cand		· <u> </u>	
Cand Party	lidate Affiliati	on Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Part	y Con	mittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Polit	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nnected organization is a:
		Corporation Corporation w/o Capital Stock	Labor Organization
		Mumbership Organization Trade Association	Cooperative
		In artidition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	egregated 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.)	
Joint	t Func	raising Representative:	
(g)	x	This committee collects contributions, pays fundraising expenses and disburses net proceeds for the 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	BdL PAC - Blessings of Liberty PAC FEC ID number C Pend	ing
	2 .		46853
	3.		02931
	4.		tembra di manda vi dana di sua

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	FEC Form	1 (Revised 0	2/2009)							Page 3	
W	rite or Type Com	mittee Name									
Min	ni Walters Vic	tory Fund									
6.	Name of Any C	connected O	rganization,	Affiliated C	ommittee, .	Joint Fund	Iraising Re	presentative,	or Leadership	PAC Sponsor	
No	ne										
L											
	Mailing Address										
				(CITY			STATE	ZIF	P CODE	
	Relationship:	Connected	Organization	Affiliate	d Committe	e Join	It Fundraisin	g Representa	tive Leade	rship PAC Spoi	nsor
	i des		-	üd		tion of the second s			in the second		
7.	Custodian of Rebooks and record		tify by name,	address (pł	none numbe	r option	al) and pos	ition of the pe	erson in posses	ssion of commi	ttee
	Full Name	Jen Slate	er 					1 1 1 1 1			,
	Mailing Address		8001 Irvi	ne Center	Drive #4	00			1 1 1 1		.
			1	1 1 1	1 1 i		1 1 1				, I
			Irvine	<u></u>	· · · · ·		<u> </u>		92618	·	ىت ا .
				. I. J.,				لــــلـــا		└╍┛╴┖╌┼╌	<u> </u>
	Title or Position			C	CITY			STATE	ZIF	CODE	
	Custodian of	Records			<u>, </u>	Te	elephone nu	mber	9 L	7448 	
8.	Treasurer: List the any designated a	ne name and igent (e.g., a	address (pho ssistant treasu	one number urer).	optional)	of the tre	asurer of th	e committee;	and the name	and address o	f
	Full Name of Treasurer	Jen Slate	er i i i i i i	!I		<u>i I.I.I</u>	_1_1	<u> </u>			<u>. </u>
	Mailing Address		8001 Irvi	ne Center		400	1_1_1_	1 1 1 1 1	<u> </u>		ப
						1.1.1		<u>i I I I</u>			ப
			Irvine	<u> </u>		<u> </u>		CA	92618		
	Title or Position			C	ITY			STATE	ZIP	CODE	
	Treasurer					Те	lephone nu	mber	858 	7448 	

FEC Form 1 (Revised 2/2009)

Full Name of Designated Agent			
Mailing Address			
Title or Position	СІТҮ	STATE	ZIP CODE
	Telephone	e number	<u>→</u>]- <u> </u>]- <u> </u>]
Banks or Other safety deposit be Name of Bank,	Depositories: List all banks or other depositories in which the coloxes or maintains funds. Depository, etc.	mmittee deposits f	funds, holds accounts, rents
	Bank of America		
Mailing Address	26831 Aliso Creek Rd	<u> </u>	
	Aliso Viejo		92656
	СІТҮ	STATE	ZIP CODE
Name of Bank,	Depository, etc.		
Mailing Address			
	1		_

CITY

STATE

ZIP CODE

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Page 4

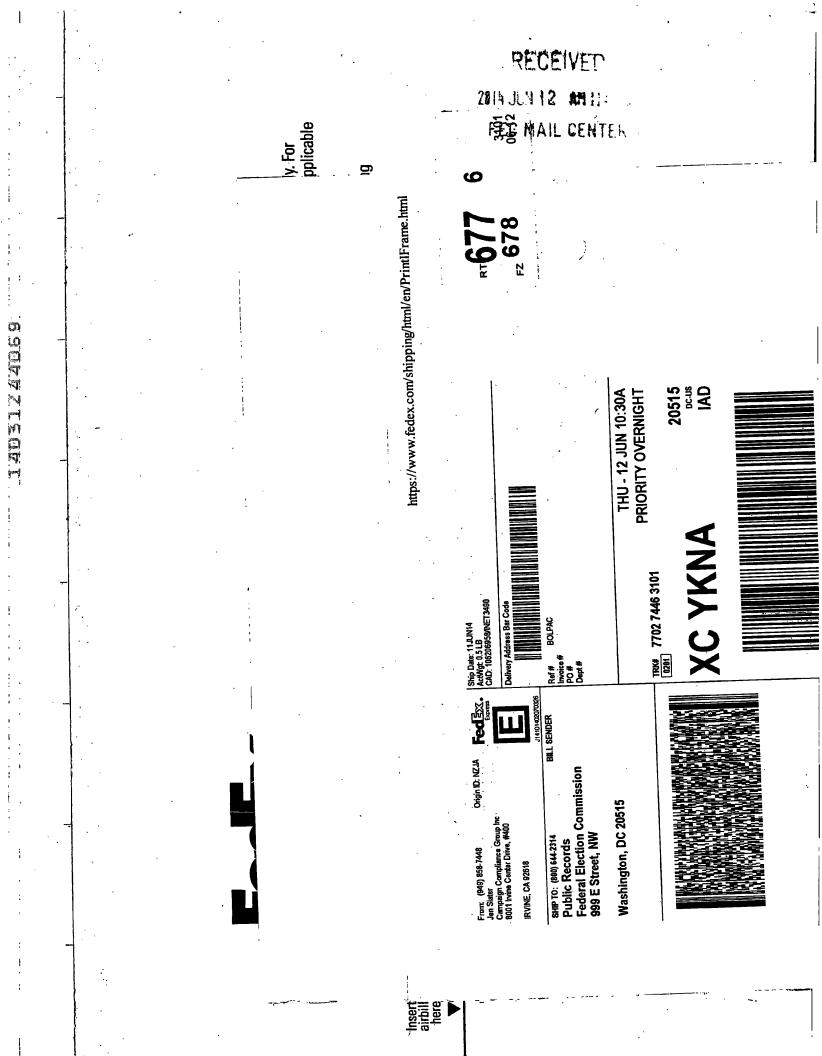
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USPS Priority Mail Express	Postma	rked
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No Postmark		
Overnight Delivery Service (Specify): Fed Ex Next Business	Shippin 6/)1 Day Delive	14
Received from House Records & Registration Office	Date of	Receipt
Received from Senate Public Records Office	Date of	Receipt
Received from Electronic Filing Office	Date of	Receipt
Date of Real Date	ceipt or Pc	stmarked
PREPARER	6/ DATE F	12/14 PREPARED
(8/2013)		