Committee Name:

RED STATES VICTORY SUPER PAC

If registered, FEC ID:

Today's Date:

09/17/2012

Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463

Re: Form 1, Statement of Organization—Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

Treasurer's Name:

PAUL MARX

, Treasurer

STATEMENT OF

RECEIVE —

FORM 1 ORGANIZATION			TION		012 SEP 19		
				 		FEC MAIL Office Use Only	CENTER
1. NAME OF COMMITTEE (in	n full)	(Check if n is changed		Example:If typing, type over the lines.	12FE4M5		
RED STAT	ŗes v	ICTORY S	UPEF	RPAC	<u> </u>	- 	
		1 1 1 1 1 1 1		<u> </u>	<u> </u>	<u> </u>	ــــــــــــــــــــــــــــــــــــــ
ADDRESS (number a	and street)	P. O. BO	K ₆ 13	162			لبب
(Check if a is changed)		NORTH N	ΛΙΑΜΙ		FL	33261	
			CI	ту	STATE	ZIP COD	ÞΕ
COMMITTEE'S E-MA	address	SS (Please provide or SUPERP		ail address) MANAGEMEN	Г@GMA	IL.COM	
COMMITTEE'S WEE	B PAGE ADI	DRESS (URL)					
(Check if is change							<u></u>
2. DATE ÖŞ	9°′17	°′ 2012 `					
3. FEC IDENTIFIC	CATION NU	IMBER	С				
4. IS THIS STATE	MENT X	NEW (N)	OR	AMENDED (A)			
I certify that I have	examined th	is Statement and to	the best o	f my knowledge and belief it	is true, correct	and complete.	
Type or Print Name	of Treasure	PAUL M	ARX				
Signature of Treasure	er <u></u>	rul na	n		Date Ö9	′ 17° ′ 2	ž0′12
NOTE: Submission of	•	•		ay subject the person signing to SHOULD BE REPORTED W	•	the penalties of 2	U.S.C. §437g.
Office Use				For further information of Federal Election Commissi		FEC FOR	

FEC Fo	rm 1 (Revised 02/2009)	Page 2				
TYPE OF C	OMMITTEE					
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. (Cominformation below.)	nplete the candidate				
Name of Candidate						
Candidate Party Affiliati	Offfice Sought: House Senate President	State				
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name of Candidate						
Party Con						
(d)	(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.				
Political 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				
	Membership Organization Trade Assaulation	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 scommittee. (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 Fund	Iraising Representative:					
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/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.	wo or more political				
Com	mittees Participating in Joint Fundraiser					
1.	FEC ID number C					
2.	FEC ID number C					
3.	FEC ID number C					
4						

Pane	3

Write or Type Committee Name						
RED STATES VICTORY SUPER PAC						
6. 'Name of Any Connected C	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor					
NONE	<u> </u>					
Mailing Address						
•						
	[
	CITY STATE ZIP CODE					
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor					
 Custodian of Records: Identification books and records. 	tify by name, address (phone number optional) and position of the person in possession of committee					
Full Name PAUL	MARX					
Mailing Address	P. O. BOX 613162					
	NORTH MIAMI					
Title or Position	CITY STATE ZIP CODE					
EXECUTIVE DIR	ECTOR Telephone number [786,] - [763,] - [7862,]					
8. Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; and the name and address of assistant treasurer).					
Full Name of Treasurer	MARX					
Mailing Address	P. O. BOX 613162					
	NORTH MIAMI					
Title or Position	CITY STATE ZIP CODE Telephone number 786 - 763 - 7862					

CITY

Name of Bank, Depository, etc.

Mailing Address

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent

ZIP CODE

33161

ZIP CODE

ZIP CODE

STATE

STATE

STATE

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt **Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** 9/18/12 Postmark Illegible No Postmark **Shipping Date Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt** 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 or Postmarked Other (Specify): DATE PREPARED