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STATEMENT OF

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FORM 1	ORGANIZATION				2015 FEB 23 AM II: 37		
NAME OF COMMITTEE (in	n full)	(Check if name is changed)	Example: If typing, type over the lines.		MAL CENTER		
Richard Bu	rr Victo	ory Committee					
	1 1 1 1						
ADDRESS (number a	and street)	PO Box 97275					
(Check if address is changed)							
•	,	Raleigh CITY		NC 2762 STATE ▲	ZIP CODE A		
COMMITTEE'S E-MAIL ADDRESS							
(Check if address is changed)		RBVC@cmandco.co					
		Li I I I I I I I I I I I I I I I I I I I	L				
COMMITTEE'S WEE (Check if is change)	address	DRESS (URL) NONE LILIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII					
2. DATE)2 / D	1 2015					
3. FEC IDENTIFI	CATION N	umber ▶ C					
4. IS THIS STATE	MENT X	NEW (N) OR	AMENDED (A)				
I certify that I have	examined th	his Statement and to the bo	est of my knowledge and belief	it is true, correct and	complete.		
Type or Print Name	of Treasure		0 1				
Signature of Treasur	rer	all i	Wel	Date 02	11 , 2015		
NOTE: Submission of	f false, erron		ion may subject the person signin	-	penalties of 2 U.S.C. §437g.		
Office Use Only			For further information Federal Election Comm Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)		

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F	EC Fo	rm 1 (Revised 02/2009)	Page 2						
		OMMITTEE	·						
(a)	П	Committee: This committee is a principal campaign committee. (Complete the candidate information below	•						
	H								
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)							
Name Cand									
·Cand	idate	Office growing through the second	State						
Party	Affiliati	on Sought: House Senate President	District						
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	Question 1						
Name									
Cand									
Part	y Con	nmittee: (National, State	(Democratic,						
(d)	L	This committee is a or subordinate) committee of the	Republican, etc.) Par						
Poli	tical A	ction Committee (PAC):							
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	onnected organization is						
		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 sempittee (i.e. personnected sempittee)	segregated fund or par						
		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.)							
Join	t Fund	draising Representative:							
(g)	X	This committee collects contributions, pays fundraising expenses and disburses net proceeds for 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						
	Correction .	committees/organizations, none of which is an authorized committee of a federal candidate.	•						
	Corr	nmittees Participating in Joint Fundraiser RICHARD BURR COMMITTEE; THE							
	1.	FEC ID number C/ C(00385526						
	2.	NORTH CAROLINA REPUBLICAN PARTY FEC ID number C C	0038505						
	3.								
	4.	FEC ID number	<u> </u>						

Title or Position , Treasurer

FEC Form 1 (Revised 02/2009) Page 3 Write or Type Committee Name Richard Burr Victory Committee Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor NONE Mailing Address CITY STATE ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records. Collin McMichael Full Name PO Box 97275 Mailing Address 27624 NC Raleigh Title or Position CITY STATE ZIP CODE Treasurer 1817 Telephone number 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). Collin McMichael Full Name of Treasurer PO Box 97275 Mailing Address CITY STATE ZIP CODE

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FEC Form 1 (Revi	sed 02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address			
			
	CITY	STATE	ZIP CODE
Title or Position			
		Telephone number	<u></u> -
Banks or Other Deposits safety deposit boxes or in Name of Bank, Depositor	y, etc.	n which the committee deposits for	unds, holds accounts, rents
Mailing Address	6659 Falls of Neuse Road		
		· .	
	Raleigh	, NC	27615
	CITY	STATE	ZIP CODE
Name of Bank, Depositor	y, etc.	,	
Mailing Address		<u> </u>	
	CITY	STATE	ZIP CODE

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



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(8/2013)

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DATE PREPARED