FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		/KGANIZA		V								
		(See instruction	IS)					Offic	e use only			
NAME OF COMMITTEE (in	full)	(Check if name is changed)	Exam over t	ple: If typying, ty he lines	ype	12FE	4M5					
GAY AND LES	BIAN VICTORY F	:UND					ш	ш				Ш
				1111			ш					Ш
ADDRESS (number and	street) 1705	DeSales Street I	NW L I I								11	Ш
(Check if add	5th F	loor		1111			ш	ш	ш			Ш
is changed)	WAS	HINGTON	шш		Ш	PC]	Ш	20036			Ш
			CITY			STATE	•		ZIP	CODE	_	
COMMITTEE'S E-MA												
government.r	eporting@victory	fund.org	ш				Щ	ш	ш		ш	لـــــ
				1 1 11	ш		Щ	ш	ш			
COMMITTEE'S WEB	PAGE ADDRESS (U	RL)										
www.victoryf	und.org			1111								Ш
		<u> </u>		1111								Ш
COMMITTEE'S FAX 1 2022893863	NUMBER	ل										
2. DATE M 0 2	M / D D / Y	2006										
3. FEC IDENTIFICA	ATION NUMBER	(C C002	251835								
4. IS THIS STATEM	MENT NEW	/ (N) OR	X	AMENDED) (A)							
I certify that I have exam	nined this Statement and	to the best of my know	vledge anc	belief it is true, o	correct and	l comple	te					_
Type or Print Name of	Treasurer	Christopher Ray										
Signature of Treasure	r Electronically File	d by Christophe	er Ray			Date	^M 0 2	M /	D 28	/ Y	Ý 0 () 6 [°]
NOTE: Submission of fa		nplete information may							f 2 U.S.C.	. S437g		
Office Use Only				For further infor Federal Election Toll Free 800-42-	Commissi 4-9530			l	FEC F	FORN d 02/200		

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5.	5. TYPE OF COMMITTEE (Check One)		
	(a) This committee is a principal campaign committee. (Comp	lete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a information below.)	principal campaign committee. (Complete the c	andidate
	Name of Candidate		
	Candidate Office Party Affiliation Sought: House	Senate President	State District
	(c) This committee supports/opposes only one candidate, and	is NOT an authorized committee.	
	Name of Candidate		
	(d) This committee is a (National, State of the Committee) (or subordinate)	(5)	emocratic, publican,etc.) Party.
	(e) This committee is a separate segregated fund		
	(f) X This committee supports/opposes more than one Federal committee.	andidate, and is NOT a separate segregated ful	nd or party
6.	6. Name of Any Connected Organization or Affiliated Committee		
l	None		
	Matter Address		
	Mailing Address		
	1	1 1 1	
	CITY	STATE A	ZIP CODE A
	Relationship		
	Type of Connected Organization:		
	Corporation Corporation w/o Ca	pital Stock Labor Organization	on
	Membership Organization Trade Association	Cooperative	

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Write or Type C	ommittee Name			
GAY AND	LESBIAN VICTORY	FUND		
	of Records: Identify by a of Committee books		per optional), and position of the	ne person in
Full Name	Christopher F	ay		
Mailing Addre	ess	1705 DeSales Street N	W	
		5th Floor		
		Washington	DC	20036
Title or Positi	ion ♥	CITY A	STATE▲	ZIP CODE A
	Treasurer		202 Telephone number	842 8679
			·	
Full Name of Treasurer Mailing Addro		1705 DeSales Street N	w	
		5th Floor		
		Washington		<u> 20036</u> –
Title or Positi	ion ♥	CITY A	STATE	ZIP CODE A
	Treasurer		Telephone number	842 8679
Full Name of Designated Agent	Fred A. Shern	nan		
Mailing Addr	ess	1705 DeSales Street N	w	
		5th Floor		
		Washington		20036 –
Title or Positi	ion ♥	CITY A	STATE A	ZIP CODE A
	Assistant Treasu	rer	Telephone number	_ 842 _ 8679

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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.	itory, etc.							
Bank of	f America							
Mailing Address	730 15th Street NW							
	Washington DC 2000	95 _						
	Banks or Other Depositories: safety deposit boxes or maintain Name of Bank, Depository, etc.	Safety deposit boxes or maintains funds. Name of Bank, Depository, etc. Bank of America 730 15th Street NW Mailing Address						

STATE ∠

 $\textbf{ZIP CODE} \quad \triangle$

CITY 🗷