NOTIFICATION OF MULTICANDIDATE STATUS

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(See reverse side for instructions)

This form should be filed after the Committee qualifies as a multicandidate committee.

(a) NAME	OF COMMITTEE IN FULL						
VIC	TORY EAST						
(b) Number and Street Address PO Box 97275					FEC IDENTIFICATION NUMBER C00724229		
(c) City, State and ZIP Code					3. TYPE OF COMMITTEE (check one)		
Raleigh		N	IC 27624		STATE PARTY STATE OTHER		
ertify th	at one of the following situation	ons is correc	t (complete line 4 or 5):			
on _	rus by Affiliation: The co and simu ation with:			•	•	•	
Com	mittee Name:						
FEC	Identification Number:						
(a)	TUS BY QUALIFICATION: Candidates: The committee h (ONLY State party committees					es listed belo	
	Name		Office Sought	State/I	District	Date	
(i)	KIM, YOUNG, , ,		House	CA	39	03/27/2023	
(ii)	GARCIA, MICHAEL, , ,		House	CA	25	03/27/2023	
(iii)	SCHWEIKERT, DAVID, S, ,		House	AZ	06	03/27/2023	
(iv) BACON, DONALD, J, ,			House	NE	02	03/27/2023	
(v)	EDWARDS, CHUCK, , ,		House	NC	11	03/27/2023	
on: c) Re sub	ntributors: The committee reconstration: The committee has omitted on: 10/23/2019 alification: The committee me	s been regist	tered for at least 6 mo			was 	
ertify that	I have examined this Statement and to th	e best of my kno	wledge and belief it is true, c	orrect and cor	nplete.		
			ATURE OF TREASURER ichael, Collin, , ,			TE	
OTF: 0::h::	nission of false, erroneous, or incomplete i	information may	and the state of t	01-1		(501100000	

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

FEC FORM 1M (Revised 1/2001)