					FEC	RECENTED	LYED GENTE.
					2010 M	AY 27 W OC	
1		STATE		OF		withar26	- PM- 3: 53
FEC		ORGA					
FORM 1		UNGAI					
						Office Use Only	
1. NAME OF COMMITTEE (ir	n full)	(Check if na		mple:If typing, type the lines.	12FE4M5		
Searchlig	ht Ta	<u>hoe Victor</u>	y Fund			1 1 1 1	
			<u> </u>				
ADDRESS (number a	nd street)	1700,13th	Street				
(Check if au is changed)		Suite 600			<u>i i j i j</u>		
is changed) الأسطال)	Washing	on		DC	20005	
			CITY		STATE	ZIP C	ODE
COMMITTEE'S E-MA	AL ADDRES	S (Please provide only	/ one e-mail ad	dress)			
			_		m	_1 1 1 1	
(Check if is change							
		┖┉┛┉┹╸┸╺┸╸┸╸		╶┙┙╾┥╴┥╌┥╌╺┟╴╴╵		_ <u></u>	<u>∦∔l,</u>]
COMMITTEE'S WEB	PAGE ADD	RESS (URL)					
Check if	address						
is change		•	<u></u>			<u> </u>	
2. DATE	5 25	ĵ / <u>2011</u>					
		1					
3. FEC IDENTIFIC	CATION NU	IMBER		<u></u>			
4. IS THIS STATE		NEW (N)	OR	AMENDED (A)			
I certify that I have a	examined th	is Statement and to th	ne best of my	knowledge and belief i	it is true, correc	t and complete.	
Type or Print Name	of Treasurer	plosfilla /	Alcorn_		•		<u> </u>
		BL				5'24'	7817
Signature of Treasure	er — z	fer		<u></u>	Date <u>O</u>	2 121	Long to the stand
NOTE: Submission of	false, errene	ovs, or incomplete infor	mation may sub	pject the person signing	this Statement to	o the penalties of	2 U.S.C. §437g.
				OULD BE REPORTED V			-
Office				For further information (FEC FC	DRM 1
Use Only				Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	NU()	(Revised (· · · · · · · · · · · · · · · · · · ·

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5.	TYPE OF C	OMMITTEE				
	Cendidat	e Committee:				
	(a)	This committee is a principal can	npaign committee.	(Complete the candidate i	information below	.)
	(b)	This committee is an authorized information below.)	committee, and is	NOT a principal campaigr	n committee. (Cor	nplete the candidate
	Name of Candidate		<u></u>			<u> </u>
	Candidate	Office				State
	Party Affiliat	ion Sough	nt: Hous	e Senate	President	District
	(c)	This committee supports/opposes	s only one candida	te, and is NOT an authori	ized committee.	
	Name of Candidate					
	Party Co	nmittee:				• • • • •
	(d)	This committee is a	(National, or subordi	State nate) committee of the		(Democratic, Republican, etc.) Party.
	Political A	Action Committee (PAC):				
	(e)	This committee is a separate se	gregated fund. (Ide	ntify connected organizatio	n on line 6.) Its co	onnected organization is a:
		Corporation	1	Corporation w/o Capital St	tock	Labor Organization
		Membership Organization	n	Trade Association		Cooperative
		In addition, this co	ommittee is a Lobby	ist/Registrant PAC.		
	(f)	This committee supports/oppose committee. (i.e., nonconnected co		ederal candidate, and is I	NOT a separate s	segregated fund or party
		In addition, this committee	s a Lebeyist/Regi	strant PAC.	•	
		In addition, this committee	a is a Leadership P/	AC. (Identify sponsor on line	e 6.)	
	Joint Fun	draising Representative:				
	(g) X	This committee collects contribution committees/organizations, at least				
	(h)	This committee collects contribution committees/organizations, none of				two or more political
	Con	mittees Participating in Joint F	undraiser			
	1.	Searchlight Lea	dership_	Fund I FEC ID n	umber C 00	327395
	2.	Bill Nelson for L	US Sena	te FEC ID n	umber C 00)344051
	3.	Whitehouse for	Senate	FEC ID n	umber C OC	410803
	4.			FEC ID n	umber C	
I						

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Write or Type Committee Nam	1e	
Searchlight Tahoe	/ictory Fund	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	adership PAC Sponsor
	<u> </u>	
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Mailing Address Title or Position	CITY STATE	20005]-L
		- [] - []
8. Treasurer: List the name a any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	ne name and address of
Full Name of Treasurer		
Mailing Address	700 13th Street NW	
	[Suite 600	
		00051-L
Title or Position	CITY STATE	ZIP CODE
		- L

Telephone number	
	_

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Mailing Address	Full Name of Designated Agent	<u></u>		€ . I . 		
Title or Position Itelephone number Itelephone number	Mailing Address	L				
Title or Position Itelephone number Itelephone number		L			<u> </u>	
Image: Contract of Bank, Depository, etc. Image: Contract of Bank, Depository, etc. Image: Contract of Bank, Depository, etc.		L	CITY			
safety deposit boxes or maintains funds. Name of Bank, Depository, etc. Mailing Address L1400: G.Street NW LLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLL	1			Telephone nu	mber	╶┷┛╴┠┈┷╼┚╶┠┶┷╼┷
CITY STATE ZIP CODE	l	Citiba			1 1 1 1	
CITY STATE ZIP CODE	Mailing Address	L	1400 G Street	NW		
	Mailing Address	L	1400 G Street	NW		
L <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	Mailing Address	L L				L20005
Mailing Address L	Mailing Address		Washington			
	Name of Bank, De		Washington			
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	Name of Bank, De		Washington			

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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 5/07/11 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** 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

3/2005)