## 12030890673

FEC FORM 1

## STATEMENT OF ORGANIZATION

RECEIVED

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FORM 1		Onas	11116711	Oit	FFC	MALLUSCE NTER
NAME OF COMMITTEE (in	n full)	(Check if is changed		ample:If typing, type er the lines.	12FE4M5	
CONNECTIO	UT CO	NGRESSIO	NAL CAM	PAIGNS VICTO	ORY FUN	D FEDERAL PAC
			V 4470			
ADDRESS (number a	nd street)	P. O. BO	X 1172			
(Check if a is changed)		BOCA R	ATON		FL	33 <b>429</b>
			CITY		STATE	ZIP CODE
COMMITTEE'S E-MA	address	•	•	•	FUNDPA	C\$@GMAIL,COM
is change	d)		<del>                                      </del>			
COMMITTEE'S WEB	PAGE ADD	RESS (URL)				
(Check if is change						
2. DATE ÖŞ	)" ´ 24°	´ 2012 `				
3. FEC IDENTIFIC	CATION NUI	MBER	С			
4. IS THIS STATE	MENT 🔀	NEW (N)	OR [	AMENDED (A)		
I certify that I have of Type or Print Name		Statement and to	-	knowledge and belief it	is true, correct	and complete.
Signature of Treasure	er <u> </u>	James	Line	sh	Date Ö9	´ 24° ′ 20′12 `
NOTE: Submission of		•	•	ubject the person signing the		the penalties of 2 U.S.C. §437g.
Office Use Only				For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)

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		OMMITTEE					
(a)	didate	Committee:					
. ,			This committee is a principal campaign committee. (Complete the candidate information below.)				
(b)	لــا	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
Name Cand							
Cand Party	lidato Affiliatio	Office Sought: House Senate President	State District				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	Name of Candidate						
		nmittee:					
(d)		(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.				
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 a:				
		Corporation Corporation w/o Capital Stock	Labor Organization				
		Membership Organization Trade Association	Cooperative				
		tn addition, this committee is a Lobbyist/Registrant PAC.					
(f)	$\boxtimes$	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)					
	In addition, this committee is a Lebbyist/Rogistrant PAC.						
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
Join	t Fund	raising Representative:					
<b>(9)</b>		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 fundralsing expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political				
Committees Participating in Joint Fundraiser							
	1.	FEC ID number C					
	2.						
	3.						
	4						

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W	Write or Type Committee Name				
_C	CONNECTICUT CONGRESSIONAL CAMPAIGNS VICTORY FUND FEDERAL PAC				
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor		
<u> </u>	IONE				
L					
	Mailing Address				
		CITY STATE ZIF	CODE		
	Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Leader	ship PAC Sponsor		
7.	Custodian of Records: Identification books and records.	tify by name, address (phone number optional) and position of the person in posses	sion of committee		
	Full Name JAME	Ș LINCOLŅ	1		
	Mailing Address	<sub>I</sub> P. O BOX 1172			
		BOCA RATON FL 33429			
	Title or Position	CITY STATE ZIP	CODE		
	EXECUTIVE DIR	ECTOR Telephone number 561 - 945	_ 3471		
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	and address of		
	Full Name of Treasurer	S LINCOLN			
	Mailing Address	P. O. BOX 1172			
		BOCA RATON FL 33429			
	Title or Position		CODE		
ı					

9.

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Full Name of Designated Agent		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Mailing Address			
	СПУ	STATE	ZIP CODE
Title or Position			
	Tele	phone number	<b></b>
safety deposit boxes Name of Bank, Depo			unds, holds accounts, rents
	BOÇA RATON	ıı Eti	33432
	спү	STATE	ZIP CODE
Name of Bank, Depo	sitory, etc.		
Mailing Address			
		ليا لين	
	CITY	STATE	ZIP CODE

## **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** 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): 9/26/14 DATE PREPARED

(3/2005)