FEC FORM 1

## STATEMENT OF ORGANIZATION

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EEC MAIL CENTER

FORM 1			FEC MAIL CE						
NAME OF COMMITTEE (in	n fuli)		Check if nam changed)		mple:If typing, type r the lines.	12FE4M			
HAWAII CO	NGRE	SSIO	NAL C	AMPAI	GNS VICTOR	Y FUNI	PEDERAL P	AC	
ADDRESS (number a	nd street)	P. 0	. BOX	1172				 	
(Check if a is changed)	BOC	A RAT	ON	FL	33429				
				CITY		STATE	ZIP CODE		
COMMITTEE'S E-MA	address	SS (Please			Idress) CAMPAIGNS	FUNDP	ACS@GMAIL,0	<b>;OM</b>	
COMMITTEE'S WEB	PAGE ADI	DRESS (UF	RL)						
(Check if is change							<del></del>		
2. DATE ÖŞ	e	° ′ Ž0	)12 <sup>*</sup>						
3. FEC IDENTIFIC	CATION NU	JMBER	C	;					
4. IS THIS STATE	MENT X	NEW	(N) O	R [	AMENDED (A)				
I certify that I have	examined th	is Stateme	nt and to the	best of my	knowledge and belief it	is true, corre	ct and complete.		
Type or Print Name	of Treasure	JAN	MES LI	NCOL	N				
Signature of Treasure	er	Ja	Puces	duis	dw	Date Ö	9" ′ <b>24</b> ° ′ <b>20</b> ′1	Ž	
NOTE: Submission of			•	•	bject the person signing to		to the penalties of 2 U.S.C.	§437g.	
Office Use					For further information of Federal Election Commission Toli Free 800-424-9530		FEC FORM 1		

	FEC Fo	rm 1 (Revised 02/2009)	Page 2													
		OMMITTEE														
(a	. $\square$	e Comml'aae:  This committee is a principal campaign committee. (Complete the candidate information below.)														
(t		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate														
	lame of	information below.)														
_	andidate arty Affiliati	Office	State District													
(c	;) [	This committee supports/opposes only one candidate, and is NOT an authorized committee.	District													
	ame of															
P	arty Con															
(0	n	(National, State  This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.													
P	olitical A	ction Committee (PAC):														
(e	) [	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:													
		Corporation Corporation w/o Capital Stock	Labor Organization													
		Membership Organization Trade Association	Cooperative													
		In addition, this committee is a Lobbyist/Registrant PAC.														
(1		This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party													
		In addition, this committee is a Lebbyisi/Rogistcant PAC.														
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)														
J	oint Fund	raising Representative:														
(g	) [	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to 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 t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political													
	Com	mittees Participating in Joint Fundraiser														
	1.	FEC ID number C														
	2.	FEC ID oumber C														
	3.	FEC ID number C														
	A															

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<del></del>	· · · · · · · · · · · · · · · · · · ·
Write or Type Committee Name	ESSIONAL CAMPAIGNS VICTORY FUND FEDERAL PAC
<del></del>	Drganization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor
NONELLIL	<u> </u>
Mailing Address	
	CITY STATE ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundralsing Representative Leadership PAC Sponsor
<ol> <li>Custodian of Records: Idea books and records.</li> </ol>	ntify by name, address (phone number optional) and position of the person in possession of committee
Full Name JAME	SLINCOLN
Mailing Address	P. O BOX 1172
	BOCA RATON FL 33429 J-
Title or Position	CITY STATE ZIP CODE
EXECUTIVE DIR	RECTOR Telephone number 561 - 945 - 3471
B. Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; and the name and address of assistant treasurer).
Full Name of Treasurer	S LINCOLN
Mailing Address	P. O. BOX 1172
	BOCA RATON FL 33429 - ZIP CODE
Title or Position  TREASURER	Telephone number 561, - 945, - 3471

ZIP CODE

ZIP CODE

STATE

STATE

Telephone number

Full Name of Designated Agent

Mailing Address

CITY

Name of Bank, Depository, etc.

FEC Form 1 (Revised 02/2009)

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Name of Bank, D	epos	itory,	etc.																															 	
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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 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 **PREPARER**