Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Midwest Victory PAC 2900 S.W. 18 ADDRESS (number and street) (Check if address is changed) Des Moines 50315 IΑ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@midwestvictory.org (Check if address is changed) Optional Second E-Mail Address ınickmauro19@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) midwestvictory.org (Check if address is changed) DATE 2019 C00694539 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Mauro, Nick, J., Mr., Type or Print Name of Treasurer Mauro, Nick, J., Mr., [Electronically Filed] 06 2019 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	FEC	Form 1 (Revised 02/2009)	Page 2
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) Name of Candidate Candidate Candidate Candidate Candidate Candidate Candidate Party Affiliation Committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (n) This committee is a committee of subordinate or subordinate or subordinate or subordinate. Political Action Committee (PAC): (n) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization or line 6.) Its committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or promittee. (i.e., nonconnected committee) In addition, this committee is a Lobbyist/Registrant PAC. In addition, this commi			
Name of Candidate Candidate Party Affiliation City This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (d) This committee is a	(a)	This committee is a principal campaign committee. (Complete the candidate information below.)
Candidate Party Affiliation Office Sought: House Senate President District Co This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (d) This committee is a	(b)		nplete the candidate
Party Affiliation			
Party Committee: (d) This committee is a (National, State or subordinate) committee of the Republican, etc.) F Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization Corporation Corporation No Capital Stock Labor Organization Membership Organization Trade Association Cooperative In addition, this committee is a Lobbyist/Registrant PAC. (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or procommittee. (i.e., nonconnected committee) In addition, this committee is a Lobbyist/Registrant PAC. In addition, this committee is a Lobbyist/Registrant PAC. In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) Joint Fundraising Representative: (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate. Committees Participating in Joint Fundraiser 1. FEC ID number C FEC ID number C		*****	
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4.			

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Write or Type Committee I		
Midwest Victor	orv PAC	
	ted Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	dership PAC Sponsor
NONE		
Mailing Address		
ý		
	CITY STATE	ZIP CODE
Relationship: Conn	nected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
books and records.	: Identify by name, address (phone number optional) and position of the person ir	possession of committee
Maur Full Name	o, Nick, J., Mr.,	
Mailing Address	2900 S.W. 18	
Walling Madress		
	Des Moines IA 503	15
Title or Position	CITY STATE	ZIP CODE
Chair	Telephone number 515	- 306 - 1379
. Treasurer: List the nam any designated agent (e	ne and address (phone number optional) of the treasurer of the committee; and the e.g., assistant treasurer).	e name and address of
Full Name Mauro	o, Nick, J., Mr.,	
Mailing Address	2900 S.W. 18	
-		
	Des Moines IA 503'	15
Title or Position , Chair	CITY STATE	ZIP CODE
Citali	Telephone number 515	306 1379

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
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