Use Only

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FEC FORM 1		STATEME ORGANIZ				C	Office Use		KGE 1/	12
1. NAME OF COMMITTEE (ir	n full)	(Check if name is changed)		nple:If typing, type the lines.	12FE	4M5				
GREAT AM	1ERIC/		E							
ADDRESS (number a	nd stroot)	PO BOX 28022								
(Check if a	address									
is changed	d)	WASHINGTON CITY A			DC		038	  ZIP C	ODE A	
COMMITTEE'S E-MA	AIL ADDRES	S								
(Check if a is changed		COMPLIANCE@RIG	SHTSIDE	COMPLIANCE.CO	OM					
		Optional Second E-Mail	Address	MPLIANCE.CO	M, , ,	1 1		1 1	1 1	, , I
COMMITTEE'S WEB  (Check if a is changed	address	RESS (URL)								
2. DATE 1		2018								
3. FEC IDENTIFIC	CATION NUI	MBER ▶ C	C0064066	4						
4. IS THIS STATEM	MENT	NEW (N) OR	x	AMENDED (A)						
certify that I have e	examined this	s Statement and to the be	est of my k	nowledge and belief	it is true, c	orrect an	d comple	te.		
Type or Print Name	of Treasurer	HOBBS, CABELL, , ,								
Signature of Treasure	er <i>HOBBS</i>	S, CABELL, , ,		[Electronically Filed]	Date	M M M	12	/	201	
NOTE: Submission of		ous, or incomplete information					penaltie	s of 2	U.S.C.	§437g.
Office Use				For further information Federal Election Commis Toll Free 800-424-9530	contact:		FEC (Revis			

Local 202-694-1100

FEC E	orm 1 (Revised 02/2009)	Page <b>2</b>
	COMMITTEE	i aye Z
Candidat	e Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	plete the candidate
Name of Candidate		
Candidate Party Affilia	Office Sought: House Senate President	State District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co		
(d)		Democratic, Republican, etc.) Party
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected 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.	
(f) <b>x</b>	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fun	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Cor	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

FEC <b>Form 1</b> (Revised (	02/2009)	Page <b>3</b>
Write or Type Committee Name		
GREAT AMERI	CA COMMITTEE	
	Organization, Affiliated Committee, Joint Fundraising Representative, or Le	eadership PAC Sponsor
MICHAEL R. PENCE		
Mailing Address	1 OBSERVATORY CIRCLE, NW	
	WASHINGTON DC 20	008
	CITY STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative	<b>★</b> Leadership PAC Sponsor
<ol> <li>Custodian of Records: Ider books and records.</li> </ol>	ntify by name, address (phone number optional) and position of the person	in possession of committee
HOBBS, C	ABELL, , ,	ı
Full Name	,1390 CHAIN BRIDGE ROAD	
Mailing Address	#515	
	MCLEAN VA 22	2101 
Title or Position	CITY STATE	ZIP CODE
TREASURER	Telephone number 202	345 1213
3. <b>Treasurer:</b> List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and tassistant treasurer).	the name and address of
Full Name HOBBS, C	ABELL, , ,	
Mailing Address	1390 CHAIN BRIDGE ROAD	
	#515 	
		2101
Title or Position TREASURER	CITY STATE  Telephone number 202	ZIP CODE
i		

FEC <b>Form 1</b> (Revised	1 02/2009)		Page <b>4</b>
Full Name of Designated Agent PARKER,	JOANNE, , ,		
Mailing Address	1390 CHAIN BRIDGE ROAD		
	#515	VA 00404	
	MCLEAN CITY	STATE 22101	ZIP CODE
Title or Position  ASSISTANT TREASURER	Telephone nui	mber 202	345 – 1213
safety deposit boxes or mair Name of Bank, Depository, e	etc.	tee deposits funds, hold	ds accounts, rents
CHAIN	BRIDGE BANK, NA		
Mailing Address	1445A LAUGHLIN AVE		
	MCLEAN	VA 22101	
	CITY	STATE	ZIP CODE
Name of Bank, Depository, e	etc.		
BB&T Mailing Address	1909 K ST., NW		
	WASHINGTON	DC 20006	
	CITY	STATE	ZIP CODE

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_\_\_ **of** \_\_\_\_\_\_

h). <b>Joint Fundraisi</b>	1	EEO ID	С
1.		FEC ID number	
2.		FEC ID number	C
3		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spon
CALIFORNIA VIO	CTORY 2018		
Mailing Address	PO BOX 30844		
	BETHESDA	MD	20824
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC Sp
	Affiliated Committee	Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identing Full Name	fy by name, address (phone number – optional)	Fundraising Representation	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)  CITY		
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or maname of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management and ame of Bank, WELL	fy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which aintains funds.  S FARGO	STATE A	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or maname of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which aintains funds.  S FARGO	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_\_ **of** \_\_\_\_\_\_

h). <b>Joint Fundraisi</b>	ig Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
7.			
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
TEXAS SENATE	VICTORY COMMITTEE		
Mailing Address	228 S. WASHINGTON ST.		
-	STE. 115		
	ALEXANDRIA	ı ı VA ı	22314
Relationship:			
Helationship.	CITY A	STATE ▲	ZIP CODE ▲
	Affiliated Committee Joint  y Joint  y by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC S
		Fundraising Representa	ative Leadership PAC S
esignated Agent: Identif		Fundraising Representa	ative Leadership PAC S
esignated Agent: Identif		Fundraising Representa	ative Leadership PAC S
esignated Agent: Identif		Fundraising Representa	ative Leadership PAC S
esignated Agent: Identif  Full Name    Mailing Address	fy by name, address (phone number – optional)	Fundraising Representation	
esignated Agent: Identif	fy by name, address (phone number – optional)  CITY		
esignated Agent: Identification Full Name   _   _	fy by name, address (phone number – optional)  CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identification Full Name   _   _	fy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or m	fy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or m	fy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or m  ame of Bank, FIRST	fy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or m  ame of Bank, FIRST epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which aintains funds.  FINANCIAL BANK	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or m  ame of Bank, FIRST epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which aintains funds.  FINANCIAL BANK	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_\_\_ **of** \_\_\_\_\_\_

h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
ame of Any Connected	I Organization, Affiliated Committee, Joint Funda	aising Representative	e, or Leadership PAC Spon
Mailing Address	PO BOX 30844		
	BETHESDA	ı MD ı	20824
			ZIP CODE A
Relationship:	CITY A	STATE ▲	
Connecte		Fundraising Representa	
Connecte	ed Organization Affiliated Committee		
Connecte esignated Agent: Identi	ed Organization Affiliated Committee		
esignated Agent: Identi	ed Organization Affiliated Committee		
esignated Agent: Identi	ed Organization Affiliated Committee	Fundraising Representa	
esignated Agent: Identi	Affiliated Committee  Affiliated Committee  Figure 1. Joint 1. Joint 2. Joi	Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identi  Full Name  Mailing Address	Affiliated Committee  Affiliated Committee  Figure 1. Joint 1. Joint 2. Joi	Fundraising Representation	ative Leadership PAC Sp
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or market.	Affiliated Committee  Affiliated Committee  Ty Joint  To CITY  To Corries: List all banks or other depositories in which	Fundraising Representation	Leadership PAC Sp
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or maname of Bank, epository, etc.	Affiliated Committee  Affiliated Committee  To pries: List all banks or other depositories in which naintains funds.  NATIONAL BANK	Fundraising Representation	Leadership PAC Sp

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_\_ **of** \_\_\_\_\_\_

1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	d Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
CATHY MCMOR	RIS RODGERS VICTORY FUND		
	<sub>1</sub> PO BOX 2485		
Mailing Address			
	ODDINOFIELD		20452
	SPRINGFIELD	VA	22152
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Affiliated Committee	Fundraising Represent	Leadership PAC Sp
		Fundraising Represent	Leadership PAC Sp
esignated Agent: Ident		Fundraising Represent	Leadership PAC Sp
esignated Agent: Ident		Fundraising Represent	Leadership PAC Sp
esignated Agent: Ident		Fundraising Represent	Leadership PAC Sp
esignated Agent: Ident	fy by name, address (phone number – optional)	Fundraising Represent	Leadership PAC Sp
esignated Agent: Ident  Full Name  Mailing Address	fy by name, address (phone number – optional)  CITY		
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   Te	STATE A	ZIP CODE A
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   Te  ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or n	fy by name, address (phone number – optional)  CITY   CITY   Te  ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit	fy by name, address (phone number – optional)  CITY   CITY   Te  ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or name of Bank,	fy by name, address (phone number – optional)  CITY   CITY   Te  ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   Te  ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   Te  ories: List all banks or other depositories in which	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). <b>Joint Fundraisi</b>	•		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected	l Organization, Affiliated Committee, Joint Fundr	raising Representative	e. or Leadership PAC Spon
	URI VICTORY COMMITTEE		
Mailing Address	PO BOX 9891		
	ARLINGTON	, ,   VA	22219
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		Fundraising Represent	ative Leadership PAC Sp
	fy by name, address (phone number – optional)	Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	STATE A	Leadership PAC Sp
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)  CITY		
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank,	fy by name, address (phone number – optional)  CITY   CITY   Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank,	fy by name, address (phone number – optional)  CITY   CITY   Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	fy by name, address (phone number – optional)  CITY   CITY   Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite aftery deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_\_ **of** \_\_\_\_\_

h). <b>Joint Fundraisi</b>	ng ranoipann		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4		FEC ID number	С
ame of Any Connected	l Organization, Affiliated Committee, Joint Fundi	raising Representative	e, or Leadership PAC Spon
GREG PENCE V	ICTORY		
Mailing Address	PO BOX 275		
	TAYLORSVILLE		47280
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee	t Fundraising Representa	ative Leadership PAC S
	fy by name, address (phone number – optional)	t Fundraising Hepresenta	Leadership PAC S
esignated Agent: Identi		t Fundraising Hepresenta	Leadership PAC S
esignated Agent: Identi		t Fundraising Hepresenta	Leadership PAC S
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esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)	STATE A	ZIP CODE A
esignated Agent: Identi	fy by name, address (phone number – optional)  CITY		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional)  CITY   CITY   Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional)  CITY   CITY   Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite after deposite boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit fety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_\_ **of** \_\_\_\_\_

(h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3		FEC ID number	C
4.		FEC ID number	C
	Organization, Affiliated Committee, Joint Fund	Iraising Representative	e, or Leadership PAC Spons
Mailing Address	PO BOX 9891		
	ARLINGTON	VA	22219
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Identi	fy by name, address (phone number - optional)		
Full Name	fy by name, address (phone number – optional)		
	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	CITY	STATE A	ZIP CODE A
Full Name	CITY A	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION	CITY A  CITY A  pries: List all banks or other depositories in which	Telephone Number	
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite afety deposit boxes or make the second state of Bank, depository, etc.	CITY A  CITY A  pries: List all banks or other depositories in which	Telephone Number	

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_\_ **of** \_\_\_\_\_

h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	l Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spon
HOOSIER CONS	SERVATIVE FUND		
Mailing Address	PO BOX 4		
	WESTFIELD		46074
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identi	Affiliated Committee Joint Joint by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		EFundraising Representation	Leadership PAC Sp
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esignated Agent: Identi		E Fundraising Representation	Leadership PAC Sp
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esignated Agent: Identi	fy by name, address (phone number – optional)	STATE A	
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)  CITY		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional)  CITY   CITY   Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional)  CITY   CITY   Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A