

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

RECEIVED  
2012 SEP 26 AM 11:30  
FEC MAIL CENTER  
Office Use Only

1. NAME OF COMMITTEE (in full)  (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

MARYLAND CONGRESSIONAL CAMPAIGNS VICTORY FUND FEDERAL PAC

ADDRESS (number and street) P. O. BOX 1172

(Check if address is changed) BOCA RATON FL 33429

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)  
 (Check if address is changed) CONGRESSIONALCAMPAIGNSFUNDPACS@GMAIL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)  
 (Check if address is changed)

2. DATE 09<sup>M</sup> ' 24<sup>D</sup> ' 2012<sup>Y</sup>

3. FEC IDENTIFICATION NUMBER C

4. 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.

Type or Print Name of Treasurer JAMES LINCOLN

Signature of Treasurer *James Lincoln* Date 09<sup>M</sup> ' 24<sup>D</sup> ' 2012<sup>Y</sup>

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  
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Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2009)

12030890751

5. TYPE OF COMMITTEE

Candidate 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. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation \_\_\_\_\_ 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 Committee:

- (d)  This committee is a \_\_\_\_\_ (National, State or subordinate) committee of the \_\_\_\_\_ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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)  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 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.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. \_\_\_\_\_ FEC ID number C
2. \_\_\_\_\_ FEC ID number C
3. \_\_\_\_\_ FEC ID number C
4. \_\_\_\_\_ FEC ID number C

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Write or Type Committee Name

MARYLAND CONGRESSIONAL CAMPAIGNS VICTORY FUND FEDERAL PAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name

JAMES LINCOLN

Mailing Address

P. O. BOX 1172

BOCA RATON

FL

33429

Title or Position

CITY

STATE

ZIP CODE

EXECUTIVE DIRECTOR

Telephone number

561

945

3471

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

JAMES LINCOLN

Mailing Address

P. O. BOX 1172

BOCA RATON

FL

33429

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

561

945

3471

12030890753

Full Name of Designated Agent

[ ]

Mailing Address

[ ]

[ ]

[ ] - [ ] - [ ]

CITY

STATE

ZIP CODE

Title or Position

[ ]

Telephone number

[ ] - [ ] - [ ]

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

WELLS FARGO BANK

Mailing Address

975 SOUTH FEDERAL HIGHWAY

[ ]

BOCA RATON

FL

33432

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[ ]

Mailing Address

[ ]

[ ]

[ ] - [ ] - [ ]

CITY

STATE

ZIP CODE

12030890754

Federal Election Commission  
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 The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*JMP*  
 PREPARER

*9/26/14*  
 DATE PREPARED

(3/2005)

12030890755