

KELLY-THOMPSON VICTORY FUND

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FEC MAIL CENTER

2019 JUL 24 AM 10:20

Date: July 19, 2019

To: Federal Election Commission

From: Lisa Stone, Treasurer
Kelly-Thompson Victory Fund

RE: Amended SOO

Please find enclosed an amended Form 1, Statement of Organization, for the Kelly-Thompson Victory Fund.

I have not been able to change my password to file this paperwork online because the email address that you had, my error, is not correct. I am correcting this on the amendment as well as updating my address. All other information should remain the same.

If you could please let me know when this is amended, I would appreciate it. I need to create a password on the new system and cannot do it until this is amended.

Thank you



Lisa Stone

Treasurer

717-329-8585

11/17/2019 10:20 AM

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FEC FORM 1

STATEMENT OF ORGANIZATION

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

12FE4M5

KELLY-THOMPSON VICTORY FUND

ADDRESS (number and street)

PO BOX 1654

(Check if address is changed)

BUTLER PA 16003
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

LBSTONE111@GMAIL.COM

Optional Second E-Mail Address
LISA@FINELINESDESIGN.NET

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 07 / 19 / 2019

3. FEC IDENTIFICATION NUMBER C 00578727

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 LISA STONE

Signature of Treasurer *Lisa Stone* Date 07 / 19 / 2019

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

20190724 10:20 AM

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. FRIENDS OF GLENN THOMPSON _____ FEC ID number C 00474189
- 2. MIKE KELLY FOR CONGRESS _____ FEC ID number C 00444620
- 3. _____ FEC ID number C _____
- 4. _____ FEC ID number C _____

NON-IDENTIFYING INFORMATION

Write or Type Committee Name

KELLY-THOMPSON VICTORY FUND

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

NONE

Mailing Address

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

LISA STONE

Mailing Address

96 CAROL STREET

NEW CUMBERLAND

PA

17070

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

717

329

8585

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

LISA STONE

Mailing Address

96 CAROL STREET

NEW CUMBERLAND

PA

17070

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

717

329

8585

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.

PNC BANK

Mailing Address

331 BRIDGE STREET

NEW CUMBERLAND

PA

17070

_____ - _____

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

_____ - _____

CITY

STATE

ZIP CODE

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

5(g) or (h). Joint Fundraising Participant:

1.	<input type="text"/>	FEC ID number	<input type="text"/>
2.	<input type="text"/>	FEC ID number	<input type="text"/>
3.	<input type="text"/>	FEC ID number	<input type="text"/>
4.	<input type="text"/>	FEC ID number	<input type="text"/>

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

Mailing Address

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name

Mailing Address

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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.

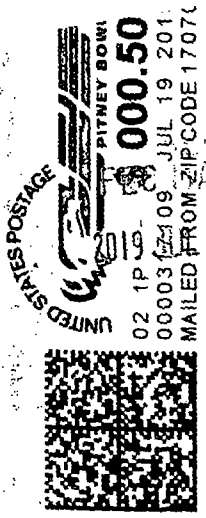
Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

NOTHING TO REPORT

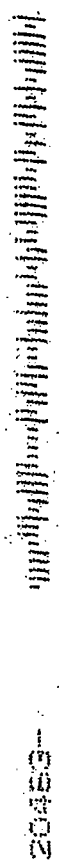
New Cumberland, PA 17070
Rennie - Thompson Victory Fund

HARRISBURG
PA 171
19 JUL '19
PM 2 L



RECEIVED
MAIL CENTER
24 AM 10:20

Federal Election Commission
1050 First St. NE,
Washington, DC 20463



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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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Postmarked 7/19/19	7/24/19
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<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery	<input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

EP
 PREPARER
 (3/2015)

7/24/19
 DATE PREPARED

20190724 10:00 AM