FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. California Victory 2018 PO Box 30844 ADDRESS (number and street) (Check if address is changed) Bethesda 20824 MD CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@campaignfinancial.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 04 2017 C00652461 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. Thomson, Jill, , , Type or Print Name of Treasurer Thomson, Jill, , , [Electronically Filed] 80 2017 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

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		OMMITTEE	-
Can	didate	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. (Com information below.)	plete the candidate
Name Cand			
Cand Party	idate Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Part	y Con	nmittee:	
(d)		· · · ·	(Democratic, Republican, etc.) Party.
Poli	tical A	ction 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)		This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (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.)	
Join	t Fund	raising Representative:	
(g)	x	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
	Com	mittees Participating in Joint Fundraiser	
	1.	NRCC FEC ID number C C00	075820
	2.	MAJORITY COMMITTEE PACMC PAC FEC ID number C C004	128052
	3.	GREAT AMERICA COMMITTEE FEC ID number C C000	640664
	4	KEVIN MCCARTHY FOR CONGRESS FEC ID number C C004	20935

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Write or Type Committee Nan		
California Victo	orv 2018	
	Organization, Affiliated Committee, Joint Fundraising Representative, or Leade	ership PAC Sponsor
NONE		
		_
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connect	ed Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the person in p	oossession of committee
	n Financial, Services, , ,	
Full Name	PO Box 30844	
Mailing Address		
	Bethesda MD 20824	<u> </u>
Title or Position	CITY STATE	ZIP CODE
Custodian of Records		654 3220
. Treasurer: List the name a any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	name and address of
Full Name Thomson	n, Jill, , ,	
of Treasurer	IPO Box 30844	
Mailing Address		
	L Pothoodo	
	Bethesda MD 20824 CITY STATE	ZIP CODE
Title or Position Treasurer	Telephone number	654 - 3220

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		-
Full Name of Designated Agent	1	1 1 1 1 1 1 1
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
safety deposit bo Name of Bank, D	r Depositories: List all banks or other depositories in which the committee deposits funds, hold oxes or maintains funds. Depository, etc.	
safety deposit bo	oxes or maintains funds. Depository, etc.	
safety deposit bo	oxes or maintains funds. Depository, etc. Wells Fargo ,7901 Wisconsin Avenue	
safety deposit bo Name of Bank, [oxes or maintains funds. Depository, etc. Wells Fargo ,7901 Wisconsin Avenue	
safety deposit bo Name of Bank, [oxes or maintains funds. Depository, etc. Wells Fargo ,7901 Wisconsin Avenue	
safety deposit bo Name of Bank, [oxes or maintains funds. Depository, etc. Wells Fargo 7901 Wisconsin Avenue	ZIP CODE
safety deposit bo Name of Bank, [Mailing Address	Depository, etc. Wells Fargo 7901 Wisconsin Avenue Bethesda CITY STATE	
safety deposit bo Name of Bank, [Mailing Address	Depository, etc. Wells Fargo 7901 Wisconsin Avenue Bethesda CITY STATE	ZIP CODE
safety deposit bo Name of Bank, [Mailing Address Name of Bank, [Depository, etc. Wells Fargo 7901 Wisconsin Avenue Bethesda CITY STATE Depository, etc.	ZIP CODE
safety deposit bo Name of Bank, [Mailing Address Name of Bank, [Depository, etc. Wells Fargo 7901 Wisconsin Avenue Bethesda CITY STATE Depository, etc.	ZIP CODE
safety deposit bo Name of Bank, [Depository, etc. Wells Fargo 7901 Wisconsin Avenue Bethesda CITY STATE Depository, etc.	ZIP CODE

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

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(h). Joint Fundraisin	-		
1.		FEC ID numbe	
2.	R FOR CONGRESS	FEC ID numbe	C C00224691
3. WALTERS FOR	CONGRESS	FEC ID numbe	r C C00546853
4. ROYCE CAMPA	AIGN COMMITTEE	FEC ID numbe	r C C00200865
Name of Any Connected	Organization, Affiliated Committee, Join	t Fundraising Representa	tive, or Leadership PAC Spons
	I		
Mailing Address			
Relationship:	CITY A	STATE	▲ ZIP CODE ▲
Connected	Organization Affiliated Committee	Joint Fundraising Represe	entative Leadership PAC Spo
Connected		Joint Fundraising Represe	entative Leadership PAC Spo
Connected Connected Designated Agent: Identify	Organization Affiliated Committee	Joint Fundraising Represe	entative Leadership PAC Spo
Connected Designated Agent: Identify Full Name	Organization Affiliated Committee	Joint Fundraising Represe	Leadership PAC Spo
Connected Designated Agent: Identify Full Name	Organization Affiliated Committee	Joint Fundraising Represe	Leadership PAC Spo
Connected Designated Agent: Identify Full Name	Organization Affiliated Committee by name, address (phone number – option	Joint Fundraising Represe	
Connected Designated Agent: Identify Full Name Mailing Address	Organization Affiliated Committee by name, address (phone number – option	Joint Fundraising Represe	
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Depositors afety deposit boxes or mail. Name of Bank, Depository, etc.	Organization Affiliated Committee by name, address (phone number – option of the committee) CITY CITY ies: List all banks or other depositories in	Joint Fundraising Represe	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor cafety deposit boxes or mail	Organization Affiliated Committee by name, address (phone number – option of the committee) CITY CITY ies: List all banks or other depositories in	Joint Fundraising Represe	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Depositors afety deposit boxes or mail. Name of Bank, Depository, etc.	Organization Affiliated Committee by name, address (phone number – option of the committee) CITY CITY ies: List all banks or other depositories in	Joint Fundraising Represe	ZIP CODE A

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

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1. VALADAO FOF 2. VALADAO FOF	T FOR CONGRESS		
2.		FEC ID number	C C00554014
		FEC ID number	C C00499392
3. LILILI	CONGRESS	FEC ID number	C C00473272
4.		FEC ID number	С
Name of Any Connected	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Sponse
Mailing Address			
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
		nt Fundraising Representa	
Designated Agent: Identify	by name, address (phone number - optional)		
Designated Agent: Identify	by name, address (phone number – optional)		
	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE A Telephone Number	ZIP CODE A