STATEMENT OF

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| FEC FORM 1 | | C | RGA | NIZ | ATI | ON | | | | | 7 | 2012 | SEP | | AM I | l: 5 | 1 |
|-------------------------|--------------|-------------------|---------------------|---|-----------------------------------|------------------------|---------------------------------|---|--|--|-------------|--------------|---------|----------------|--|--------|----------|
| NAME OF COMMITTEE (in | n full) | | (Check if is change | | | ample:If er the lir | | , type | White and a side of second | 121 | PE4 | M5 | C M | | CEN | TEF | ₹ |
| SE Pennsy | ylvania | Vict | ory F | und | 201 | 2 | <u> </u> | <u>l</u> l | <u>I</u> | | | <u>. i l</u> | <u></u> | | <u>.LL</u> | 1_1_ | |
| | | 1050 1 | 7th Ctroot | L L L | | | <u> </u> | ـــــــــــــــــــــــــــــــــــــــ | 1 1 | Ш | 1 | 11 | | | Ш_ | | |
| ADDRESS (number a | nd street) | 1050 1 | 7th Street, | NW | | | | LL | | ш | | 1.1. | | | 1 | 1 1 | Ш |
| (Check if a | | Suite 5 Washii | 111 | | | \ | <u> </u> | <u> </u> | <u> </u> | I DC | | 2 2 | 0036 | <u> </u> | <u> </u> | 11 | |
| | | <u></u> | | <u></u> | CITY | <u> </u> | <u> </u> | <u> </u> | | STAT | J E | L_ | | ZIP (| CODE | | |
| COMMITTEE'S E-MA | AIL ADDRES | | e provide o | | | ddress) | | , , | , , | , | ı | , , | | , , | 1 . | , , | , 1 |
| (Check if is change | | | | | 1 1 | | | <u> </u> | | | L_ | | | | | | <u>ш</u> |
| COMMITTEE'S WEB | B PAGE ADD | RESS (l | JRL) | | 1 1 1 | 1 1 | 1 1 | l i | 1 1 | 1 1 | | | 1 1 | | 1 : | | . |
| (Check if is change | | | | | | | | 1 1 | | | | | | | <u> </u> | | |
| 2. DATE 0 | 9 10 | D / Y | 2012 | A Second | | | | | | | | | | | | | |
| 3. FEC IDENTIFIC | CATION NU | MBER | | C | o go congresso ellement de con | | and and and | gerrey B | | | | | | | | | |
| 4. IS THIS STATE | MENT | NEV | V (N) | OR | (**** | A | MEND | ED (A | .) | | | | | · | | | |
| I certify that I have o | examined thi | s Statem | ent and to | o the bes | st of my | knowle | dge an | d beli | ef it is | s true | , cor | rect a | nd co | mplete | | | |
| Type or Print Name | of Treasurer | Brian I | oucart | lawan ya paga ana ana ana ana ana ana ana ana ana | | | | | | ······································ | | | | | | | |
| Signature of Treasure | Brian Fo | oucart | Br | ~ 6 | Jon | ca | <u> </u> | _ | [| Date | | 6 9 9 | |) O | 2 | 0 (| 2 |
| NOTE: Submission of | | | complete in | | • | • | • | | • | | | | ne per | nalties o | f 2 U.S | S.C. § | 437g. |
| Office Use Only | | | | | | Federa Toll Fre | ther inf Election e 800-4 | n Comr 24-953 | mission | | | | | EC FOR Revised | | | |

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| F | FEC Fo | orm 1 (Revised 02/2009) | Page 2 |
|---------------|---------------------------------|---|-------------------------------------|
| TYPE | OF C | COMMITTEE | |
| Can | didate | 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. (Complete information below.) | the candidate |
| Name Cand | | | |
| Cand Party | idat e Affiliatio | ion Sought: House Senate President | itate District |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | SARKESSA ALI DALAT NO SELLA SE |
| Name Cand | | | |
| Part | y Con | nmittee: | |
| (d) | | | ocratic, olican, etc.) Party. |
| Poli | tical A | Action Committee (PAC): | |
| (e) | | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connecte | d organization is a: |
| | PLANT | Corporation Corporation w/o Capital Stock | or Organization |
| | | Membership Organization Trade Association Coc | perative |
| | | tn addition, this committee is a Lobbyist/Registrant PAC. | |
| (f) | | This committee supports/opposes more than one Federal candidate, and is NOT a separate segrega committee. (i.e., nonconnected committee) | ited 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.) | |
| loin | • Eund | draising Representative: | |
| | 13 maries | • | |
| (g) | X | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a foderal candidate. | nore political |
| (h) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or r committees/organizations, none of which is an authorized committee of a federal candidate. | nore political |
| | Com | nmittees Participating in Joint Fundraiser | |
| | 1. | BOOCK VAR FOR CONGRESS FEC ID number C C0050940 | 16 |
| | 2. | TRIVEDI FOR CONGRESS FEC ID number C C0040660 | 7 |
| | 3. | FEC ID number | and the second second second second |
| | 4. | | - Vivilania de la company |

| 1 EO TOTAL T (INCRISCO O | | | 1 age 0 |
|---|---|---------------|-----------------------------------|
| Write or Type Committee Name | | | |
| SE Pennsylvani | a Victory Fund 2012 | | |
| 6. Name of Any Connected O | ganization, Affiliated Committee, Joint Fundraising Re | presentativ | e, or Leadership PAC Sponsor |
| BOOCKVAR FOR COM | IGRESS | | |
| | | | |
| Mailing Address | 73 OLD DUBLIN PIKE | | |
| | SUITE 10 #134 | | |
| | DOYLESTOWN | PA L | 18901 |
| | CITY | STATE | ZIP CODE |
| Relationship: Connected | Organization Affiliated Committee Joint Fundraisin | ng Represen | tative Leadership PAC Sponsor |
| Custodian of Records: Identification books and records. | ify by name, address (phone number optional) and pos | sition of the | person in possession of committee |
| Brian Fouc | art | | |
| Full Name | 1050 17th Street, NW | | |
| Mailing Address | Suite 590 | | |
| | | <u> </u> | |
| | Washington | DC | 20036 |
| Title or Position | CITY | STATE | ZIP CODE |
| Treasurer | Telephone no | umber _ | 202 - 628 - 1581 |
| Treasurer: List the name and any designated agent (e.g., a | address (phone number optional) of the treasurer of the sistant treasurer). | he committe | e; and the name and address of |
| Full Name Brian Fouca | ırt | | |
| of Treasurer | 14050 47th Street NIM | | <u> </u> |
| Mailing Address | 1050 17th Street, NW | 1111 | |
| | Suite 590 | | |
| | Washington | DC | 20036 |
| Title or Position | CITY | STATE | ZIP CODE |
| Treasurer | Telephone nu | umber _ | 202 628 1581 |

| FEC Form | 1 (Revised 02/2009) | Page 4 |
|---|---|----------------------------------|
| | | |
| Full Name of Designated Agent | | |
| Mailing Address | | 111111 |
| | | <u> </u> |
| | CITY STATE | ZIP CODE |
| Title or Position | | |
| | Telephone number | |
| | | |
| safety deposit boxe Name of Bank, De | Depositories: List all banks or other depositories in which the committee deposes or maintains funds. Sepository, etc. | isto tares, natas accento, tento |
| safety deposit boxe Name of Bank, De | es or maintains funds. spository, etc. PNC Bank | |
| safety deposit boxe Name of Bank, De | es or maintains funds. epository, etc. | |
| safety deposit boxe Name of Bank, De | es or maintains funds. spository, etc. PNC Bank 800 17th Street, NW | |
| safety deposit boxe Name of Bank, De | es or maintains funds. spository, etc. PNC Bank | 20036 |
| safety deposit boxe Name of Bank, De | es or maintains funds. spository, etc. PNC Bank 800 17th Street, NW | 20036 |
| safety deposit boxe Name of Bank, De | es or maintains funds. spository, etc. PNC Bank 800 17th Street, NW Washington CITY STATE | 20036 |
| safety deposit boxe Name of Bank, De Mailing Address | es or maintains funds. spository, etc. PNC Bank 800 17th Street, NW Washington CITY STATE | 20036 |
| Name of Bank, De Mailing Address Name of Bank, De | PNC Bank 800 17th Street, NW Washington DC CITY STATE | 20036 ZIP CODE |
| safety deposit boxe Name of Bank, De Mailing Address | es or maintains funds. spository, etc. PNC Bank 800 17th Street, NW Washington CITY STATE | 20036 ZIP CODE |
| Name of Bank, De Mailing Address Name of Bank, De | PNC Bank 800 17th Street, NW Washington DC CITY STATE | 20036 ZIP CODE |

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

| FEC Form 1S (Revised (| 06/2011) | | · Page 5 |
|--|--|---------------------------------|------------------------------------|
| Banks or Other Depositories safety deposit boxes or mainta Name of Bank, Depository, etc | ins funds. | ich the committee deposits fund | s, holds accounts, rents |
| ــــــــــــــــــــــــــــــــــــــ | <u> </u> | <u> </u> | <u> </u> |
| Mailing Address | L | 1 1 1 1 1 1 1 1 1 1 | <u> </u> |
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| | <u> </u> | ليا ليين | ـــا-لــــا |
| | CITY 🙇 | STATE 4 | ZIP CODE 🛕 |
| Name of Any Connected Org | anization, Affiliated Committee, Joint Fun | draising Representative, or L | [ADDITIONAL padership PAC Sponsor |
| I I I I I I I I I I I I I I I I I I I | | | |
| | | | |
| Mailing Address | PO BOX 66 | | |
| | BIRDSBORO | LLLL LA | 19508 |
| | CITY. | STATE 4 | ZIP CODE |
| ationship: Connected Organization | X Affiliated Committee Joint Fur | ndraising Representative | Leadership PAC Sponsor |
| Designated Agent | | | [ADDITIONAL] |
| Full Name | | | |
| Mailing Address | | | |
| | | | |
| Title or Position | CITY 🌢 | STATE | ZIP CODE |
| | | Telephone number | |
| Joint Fundraiser Participant | | | [ADDITIONAL] |
| سيستسط | | FEC ID number | |

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. Date of Receipt **Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation[™] or Signature Confirmation[™] Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): PREPARER