**FEC** 

Use

Only

## STATEMENT OF ORGANIZATION

RECEIVED 2012 SEP 26 AM 11: 31 FEC MAIL CENTER

FORM 1 Office Use Only Example: If typing, type NAME OF (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. WEST VIRGINIA CONGRESSIONAL CAMPAIGNS VICTORY FUND FEDERAL PAC ADDRESS (number and street) (Check if address is changed) CITY STATE ZIP CODE COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) SIONALCAMPAIGNSFUNDPACS@GMAIL.COM (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) 09° 24° 2012° 2. DATE C **FEC IDENTIFICATION NUMBER** 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. JAMES LINCOLN Type or Print Name of Treasurer Signature of Treasurer 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

(Revised 02/2009)

Toll Free 800-424-9530

Local 202-694-1100

F	EC Fo	m 1 (Revised 02/2009)	Page 2
. TYPE	OF C	OMMITTEE	
Cend	didate	Committee:	
(a)	Ц	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. (Con information below.)	nplete the candidate
Name Candi			
Candi Party	date Affiliatio	Office Sought: House Senate President	State District
(c)	П	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name	of		
Candi	date		<u>                                     </u>
Party	y Com	imittee:	(Demogratic
(d)		(National, State  This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Polit	ical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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)	$\boxtimes$	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lebbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Loint	Fund	raising Representative:	·
		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t	nuo ar mara political
(g)		committees/organizations, at least one of which ie an authorized committee of a foderal candidate.	
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number C	
	2.	FEC ID number C	
	3.	FEC ID number C	
	4.		

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Write or Type Committee Nam	⊪ ONGRESSIONAL CAM	PAIGNS VICTO	RY FUND F	EDERAL PAC
	Organization, Arrillated Committee, J			
o. Italia of Ally confector	organization, Annuaca communico, a	ont runaralong hopros	oniuiivo, or Loude	.iomp i Ao oponioo
NONE				
Mailing Address				
		1 1 1 1 1 1 1 1		
			بيا ليـ	
	СПУ		STATE	ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee	Joint Fundraising Re	epresentative	Leadership PAC Sponsor
7. Custodian of Records: Ide books and records.	entify by name, address (phone numbe	r optional) and position	of the person in p	possession of committee
Full Name	EŞ LINCOLN , , , , ,		1.1.1.1.1.1	
Mailing Address	P. O BOX 1172		1 1 1 1 1	
		<del></del>		
	BOCA RATON	ا لىسىسا	FL 334	29
Title or Position	СПҮ	ST	TATE	ZIP CODE
EXECUTIVE DIF	RECTOR	Telephone numbe	r [561] -	945,  - 3471 ,
8. Treasurer: List the name an any designated agent (e.g.,	nd address (phone number optional) assistant treasurer).	of the treasurer of the co	ommittee; and the	name and address of
Full Name JAMI of Treasurer	ES LINCOLN			
Mailing Address	P. O. BOX 1172			
	L	<del>1                                    </del>		لىسىنىسا
	BOCA RATON	ا لىسىسا	FL <sub>]</sub> 334	29
Title or Position	СПҮ	SI	TATE	ZIP CODE
TREASURER		Telephone number	, 561 -	945 _ 3471

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Full Name of Designated Agent			
Mailing Address		1 1 1 1 1 1	
-	1	1 1 1 1 1 1 1	
	СПУ	STATE	ZIP CODE
Title or Position			
<del></del>	Telepho	one number	
safety deposit boxes Name of Bank, Depo		committee deposits fu	nds, holds accounts, rents
safety deposit boxes Name of Bank, Depo	or maintains funds. ository, etc.	<del>                                     </del>	nds, holds accounts, rents
safety deposit boxes Name of Bank, Depo	or maintains funds. ository, etc. VELLS FARGO BANK	<del>                                     </del>	nds, holds accounts, rents
safety deposit boxes Name of Bank, Depo	or maintains funds. ository, etc. VELLS FARGO BANK	<b>A</b> Y	nds, holds accounts, rents
safety deposit boxes Name of Bank, Depo	ver maintains funds.  ver pository, etc.  ver pository, etc.  ver pository, etc.  ver pository, etc.	<b>A</b> Y	
safety deposit boxes Name of Bank, Depo	ository, etc.  VELLS FARGO BANK  1975 SOUTH FEDERAL HIGHWA  BOCA RATON  CITY	<b>AY</b> , , , , , , , , , , , , , , , , , , ,	33432,     -
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(3/2005)

**PREPARER**