PAGE 1/5 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) WONDER WOMEN VICTORY COMMITTEE 79 POTOMAC AVE SE APT 739 ADDRESS (number and street) (Check if address is changed) WASHINGTON 20003 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS wonderwomenJFC@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2018 C00664250 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. MAGGOS, ALEX, , , Type or Print Name of Treasurer MAGGOS, ALEX, , , [Electronically Filed] 07 12 2018 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. FEC FORM 1 (Revised 06/2012)

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

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
	ididate	Committee:	
(a)	H	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. (Cominformation below.)	plete the candidate
Nam Can	ne of didate		
	didate y Affiliatio	Office Sought: House Senate President	State
			District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Can	ne of didate		
Par	ty Con	nmittee:	
(d)			Democratic, Republican, etc.) Party.
Pol	itical 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)		_	areasted fund or north
(f)	ш	This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	gregated lund 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	nt Fund	raising Representative:	
(g)		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.	DENALLI FADERSHIP PAC	138291
	2.	DIRIGO PAC FEC ID number C C003	91797
	3.	JOBS OPPORTUNITY AND NEW IDEAS PAC FEC ID number C C006	66851
	4.	NEBRASKA SANDHILLS PAC	40054

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Write or Type Committee Name		r age 3
•	MEN VICTORY COMMITTEE	
	Organization, Affiliated Committee, Joint Fundraising Representati	iva or Leadership PAC Sponsor
	nganization, Anniated Committee, John Fundraising Representati	ive, or Leadership PAC Sporisor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Represe	entative Leadership PAC Sponsor
 Custodian of Records: Ider books and records. 	ntify by name, address (phone number optional) and position of the	e person in possession of committee
MAGGOS	, ALEX, , ,	
Full Name	79 POTOMAC AVE SE APT 739	
Mailing Address		
	WASHINGTON , DC	, ,20003
	WASHINGTON	
Title or Position	CITY STATE	ZIP CODE
	Telephone number	
Treasurer: List the name an any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committ assistant treasurer).	tee; and the name and address of
Full Name MAGGOS, of Treasurer	, ALEX, , ,	
Mailing Address	79 POTOMAC AVE SE APT 739	
Mailing Addiess		
	WASHINGTON	20003
	CITY STATE	ZIP CODE
Title or Position Treasurer		618 - 567 - 2327
1		I

FEC Forr	n 1 (Revised 02/2009)	Page 4
Full Name of Designated	<u> </u>	, , , , , , ,
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		1 1
	Telephone number	
safety deposit bo		, dosound, rond
safety deposit bo	oxes or maintains funds.	
safety deposit be Name of Bank,	Depository, etc. BANK OF AMERICA PO BOX 15284 WILMINGTON DE 19850	
safety deposit be Name of Bank,	Depository, etc. BANK OF AMERICA PO BOX 15284 WILMINGTON DE 19850 CITY STATE	ZIP CODE
safety deposit be Name of Bank, Mailing Address	Depository, etc. BANK OF AMERICA PO BOX 15284 WILMINGTON DE 19850 CITY STATE	
safety deposit be Name of Bank, Mailing Address	Depository, etc. BANK OF AMERICA PO BOX 15284 WILMINGTON DE 19850 CITY STATE	
Safety deposit be Name of Bank, Mailing Address	Depository, etc. BANK OF AMERICA PO BOX 15284 WILMINGTON DE 19850 CITY STATE	
Name of Bank, Mailing Address Name of Bank,	Depository, etc. BANK OF AMERICA PO BOX 15284 WILMINGTON DE 19850 CITY STATE	

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

FEC Form 1S (Revised 02/2017)

Page ____ **of** ____

	ng Participant:		
1. WILD AND WO	ONDERFUL PAC	FEC ID number	. C C00489336
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Join	nt Fundraising Representat	ive, or Leadership PAC Spon
Mailing Address	1		
Mailing Address			
Datationality			
Relationship:	CITY ▲	STATE .	▲ ZIP CODE ▲
	Affiliated Committee fy by name, address (phone number – opti	Joint Fundraising Represe	ntative Leadership PAC S
	_		Leadership TAC S
esignated Agent: Identi	_		Leavership TAC S
esignated Agent: Identi	_		Leadership TAC S
esignated Agent: Identi	_		Leadership TAC S
esignated Agent: Identi	fy by name, address (phone number – opti		ZIP CODE A
esignated Agent: Identing Full Name	fy by name, address (phone number – opti	ional)	
esignated Agent: Identing Full Name Mailing Address	fy by name, address (phone number – opti	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management and	fy by name, address (phone number – opti	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	fy by name, address (phone number – opti	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	fy by name, address (phone number – opti	STATE A	ZIP CODE A