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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) RAND PAUL VICTORY PO BOX 190 ADDRESS (number and street) (Check if address is changed) **NEWPORT** 41072 KY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS RPV@BROGHAMERLLC.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2018 C00634766 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. BROGHAMER, KEVIN, , , Type or Print Name of Treasurer BROGHAMER, KEVIN, , , [Electronically Filed] 12 16 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**

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

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TYPE OF	F COMMITTEE					
	ate 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 Affi	000	State				
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name of Candidate						
Party C	ommittee:					
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party				
Politica	I Action Committee (PAC):					
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected organization is				
	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 part 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 Fu	indraising Representative:					
(g) x	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo 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.	vo or more political				
С	ommittees Participating in Joint Fundraiser					
1.		496075				
2.	REINVENTING A NEW DIRECTION POLITICAL ACTION COMMITTEE	493924				
3.	FEC ID number					
4.						

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Write or Type Committee	Name	
RAND PAUL	VICTORY	
. Name of Any Connec	ted Organization, Affiliated Committee, Joint Fundraising Represent	ative, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STA	TE ZIP CODE
	Affiliated Committee Joint Fundraising Representation I Affiliated Committee Joint Fundraising Representation I Joint Fundraising I Joint Fundraising Representation I Joint Fundraising Repres	
books and records.		
BRO Full Name	GHAMER, KEVIN, , ,	
Mailing Address	PO BOX 190	
	NEWPORT KY	41072
Title or Position	CITY STATI	E ZIP CODE
TREASURER	Telephone number	
Treasurer: List the name any designated agent (ne and address (phone number optional) of the treasurer of the comme.g., assistant treasurer).	nittee; and the name and address of
Full Name BRO of Treasurer	GHAMER, KEVIN, , ,	
Mailing Address	PO BOX 190	
	NEWPORT KY	
	CITY STATE	ZID CODE

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Full Name of Designated	BROGHAMER, KEVIN, , ,	1
Agent	20 20 4 4 5	
Mailing Address	PO BOX 190	
	NEWPORT KY 41072	
	CITY STATE	ZIP CODE
Title or Position		
Mailing Address	CHAIN BRIDGE BANK 1445A LAUGHLIN AVE MCLEAN VA (22101)	
	CITY STATE	ZIP CODE
Name of Bank, [Depository, etc.	
Mailing Address		
Mailing Address		
Mailing Address		