FEC

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. Joyce Elliott Victory Fund 3000 Airport Dr. ADDRESS (number and street) #204 (Check if address is changed) Erie 80516 CO CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS pwhough@politicalcfos.com (Check if address is changed) Optional Second E-Mail Address karyn@arkdems.org COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00753756 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. Houghtaling, Paul, W.,, Type or Print Name of Treasurer Houghtaling, Paul, W.,, [Electronically Filed] 80 17 2020 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 Only

Local 202-694-1100

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	COMMITTEE	
Candidat	te 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. (Con information below.)	nplete the candidate
Name of Candidate		
Candidate Party Affilia	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Name of Candidate		
Party Co	mmittee:	
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
		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 scommittee. (i.e., nonconnected committee)	egregated 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.)	
Joint Fun	draising Representative:	
(g) x	This committee collects contributions, pays fundraising expenses and disburses net proceeds for trommittees/organizations, at least one of which is an authorized committee of a federal 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.	vo or more political
Cor	nmittees Participating in Joint Fundraiser	
1.	Flliott for Congress)475764
2.	DEMOCRATIC PARTY OF ARKANSAS	024372
3.	FEC ID number	
4.		

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Write or Type Committee Name		5
Joyce Elliott Vic	tory Fund	
	rganization, Affiliated Committee, Joint Fundraising Representative, or Leade	rship PAC Sponsor
NONE		
Mailing Address		
-		
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative	eadership PAC Sponsor
. Custodian of Records: Iden books and records.	tify by name, address (phone number optional) and position of the person in p	ossession of committee
I	g, Paul, W., ,	
Full Name	3000 Airport Dr.	
Mailing Address	l#204	
	Erie CO 80516	
Title or Position	CITY STATE	ZIP CODE
Treasurer		549 7236
B. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the ssistant treasurer).	name and address of
Full Name Houghtaling of Treasurer	g, Paul, W., ,	
Mailing Address	3000 Airport Dr.	
	<u> </u> #204	
	Erie CO 80516	- L - L - L - L - L - L - L - L - L - L
Title or Position Treasurer	CITY STATE Telephone number	ZIP CODE 7236

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit bo Name of Bank, [Depositories: List all banks or other depositories in which the committee deposits funds, hold exes or maintains funds. Depository, etc. Simmons Bank	
	oxes or maintains funds. Depository, etc.	
Name of Bank, [Depository, etc. Simmons Bank 100 Morgan Keegan Dr. Suite 410	ZIP CODE
Name of Bank, [Depository, etc. Simmons Bank 100 Morgan Keegan Dr. Suite 410 Little Rock AR 72202	
Name of Bank, I	Depository, etc. Simmons Bank 100 Morgan Keegan Dr. Suite 410 Little Rock AR 72202	
Name of Bank, I	Depository, etc. Simmons Bank 100 Morgan Keegan Dr. Suite 410 Little Rock CITY STATE Depository, etc.	
Name of Bank, I	Depository, etc. Simmons Bank 100 Morgan Keegan Dr. Suite 410 Little Rock CITY STATE Depository, etc.	
Name of Bank, I	Depository, etc. Simmons Bank 100 Morgan Keegan Dr. Suite 410 Little Rock CITY STATE Depository, etc.	
Name of Bank, I	Depository, etc. Simmons Bank 100 Morgan Keegan Dr. Suite 410 Little Rock CITY STATE Depository, etc.	