**FEC** 

Only

## 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. Oberweis Victory Committee PO Box 30844 ADDRESS (number and street) (Check if address is changed) Bethesda 20824 MD CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@campaignfinancial.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 07 2020 C00745729 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. Davis, Sallie, Nyhan,, Type or Print Name of Treasurer Davis, Sallie, Nyhan, , [Electronically Filed] 05 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

Local 202-694-1100

E	EC For	m 1 (Revised 02/2009)	Page <b>2</b>
		OMMITTEE	1 aye <b>2</b>
Cano	didate	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. (Compinformation below.)	lete the candidate
Name Candi			
Candi Party	idate Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candi			
Party	y Com	mittee:	
(d)		· · · · ·	Democratic, Republican, etc.) Party
Polit	ical A	ction Committee (PAC):	
(e)	П	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conr	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)		This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated 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	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
	Comr	mittees Participating in Joint Fundraiser	
	1.	JIM 2020 COMMITTEE	96872
	2.	ILLINOIS REPUBLICAN PARTY - FEDERAL FEC ID number C C000	05926
	3.	NRCC FEC ID number C C000	75820
	4.		

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Write or Type Committee Nam		<u> </u>
Oberweis Victo	ry Committee	
	Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	ership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records: Ide books and records.	ntify by name, address (phone number optional) and position of the person in p	possession of committee
	n, Financial Services, , ,	
Full Name	PO Box 30844	
Mailing Address		
	Bethesda MD 20824	• •       -
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number 301 -	654 3220
. <b>Treasurer:</b> List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	name and address of
	llie, Nyhan, ,	
of Treasurer	IPO Box 30844	
Mailing Address		
	L Detheads	
	Bethesda MD 20824  CITY STATE	ZIP CODE
Title or Position Treasurer		654   3220

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
		s accounts, rents
safety deposit bo	oxes or maintains funds.	s accounts, rents
safety deposit bo Name of Bank, I	Wells Fargo  8302 Woodmont Avenue	zip code
safety deposit bo Name of Bank, I	Depository, etc.  Wells Fargo  8302 Woodmont Avenue  Bethesda  CITY  STATE	
safety deposit bo Name of Bank, I Mailing Address	Depository, etc.  Wells Fargo  8302 Woodmont Avenue  Bethesda  CITY  STATE  Depository, etc.	
safety deposit bo Name of Bank, I  Mailing Address  Name of Bank, I	Depository, etc.  Wells Fargo  8302 Woodmont Avenue  Bethesda  CITY  STATE	
safety deposit bo Name of Bank, I Mailing Address	Depository, etc.  Wells Fargo  8302 Woodmont Avenue  Bethesda  CITY  STATE  Depository, etc.	
safety deposit bo Name of Bank, I  Mailing Address  Name of Bank, I	Depository, etc.  Wells Fargo  8302 Woodmont Avenue  Bethesda  CITY  STATE  Depository, etc.	
safety deposit bo Name of Bank, I  Mailing Address  Name of Bank, I	Depository, etc.  Wells Fargo  8302 Woodmont Avenue  Bethesda  CITY  STATE  Depository, etc.	