| Image# 202001219167293141 | | | | PAGE 1 / 4 |
|-----------------------------------|-------------------------------|--|-------------------------|---------------------------------|
| FEC FORM 1 | STATEME ORGANIZ | | | |
| | | | Off | fice Use Only |
| 1. NAME OF COMMITTEE (in full) | (Check if name is changed) | Example:If typing, type over the lines. | 12FE4M5 | |
| OK-05 Victory Fu | und | | | |
| | | | | |
| | PO Box 5461 | | | |
| ADDRESS (number and street) | | | | |
| (Check if address is changed) | | | | |
| | Oklahoma Clty | | OK 731 | |
| | CITY A | | STATE A | ZIP CODE▲ |
| COMMITTEE'S E-MAIL ADDRE | | | | |
| (Check if address is changed) | scott@okdemocrats.or | ' g | | |
| | Optional Second E-Mail Ad | ldress | | |
| | chris@pattonproces | sing.com | | |
| (Check if address is changed) | | | | |
| 2. DATE 01 2 | D / Y Y Y Y 2020 | | | |
| 3. FEC IDENTIFICATION N | UMBER ► C C | 00730978 | | |
| 4. IS THIS STATEMENT | NEW (N) OR | × AMENDED (A) | | |
| certify that I have examined t | his Statement and to the best | of my knowledge and belief | it is true, correct and | complete. |
| | | | | |
| Type or Print Name of Treasure | er Hunsucker, Rachael, , , | | | |
| Signature of Treasurer | sucker, Rachael, , , | [Electronically Filed] | Date 01 | 21 / Y Y Y 2020 |
| NOTE: Submission of false, error | | may subject the person signing | | penalties of 2 U.S.C. §437 |
| Office Use Only | | For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100 | | FEC FORM 1 (Revised 06/2012) |

01/21/2020 15 : 23

| _ | | | |
|------|-----------------------|--|--|
| | FEC Fo | rm 1 (Revised 02/2009) | Page 2 |
| TYP | PE OF C | OMMITTEE | |
| Ca | ndidate | 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 |
| | ne of didate | | |
| | didate y Affiliati | on Office Sought: House Senate President | State |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| | ne of didate | | |
| Par | rty Con | mittee: | |
| (d) | | This committee is a (National, State or subordinate) committee of the | (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 | 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) | | 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 Lobbyist/Registrant PAC. | |
| | | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | |
| Joir | nt Func | raising Representative: | |
| (g) | × | This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 the committees/organizations, none of which is an authorized committee of a federal candidate. | wo or more political |
| | Com | mittees Participating in Joint Fundraiser | |
| | 1. | | 0190934 |
| | 2. | KENDRA HORN FOR CONGRESS | 648915 |
| | 3. | FEC ID number | |
| | 4. | FEC ID number | |
| | | | |

FEC Form 1 (Revised 02/2009)

Page 3

Write or Type Committee Name

OK-05 Victory Fund

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

| NC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------|--|-------|------|-------|-------|--------|------|------|-------|-------|------|-----|------|------|---|------|------|------|------|------|------|------|-----|------|------|------|----|-----|----------|----------|------|-----|-----|------|-----|------|
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| N | Mailing Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | СП | ΓY | | | | | | | | | | | S | TAT | E | | | | | ZI | IP (| 201 | DE | | | |
| F | Relationship: | Conne | ecte | d Or | gani | izatio | on | | Affil | liate | ed (| Cor | nm | itte | е | | Jo | int | Fur | ndra | isir | ıg F | Rep | ores | ent | ativ | /e | | Le | ade | ərsł | ιр | PA | c s | por | isor |
| | . Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| F | Full Name | Hunsu | icke | r, Ra | acha | iel, , | , | | | I | I | | | | I | | | | | | | | | | | I | | I | | | | | 1 | 1 | | |
| | Mailing Address | | | P | O Bo | 5x 54 | 461 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | Ľ | Dklah | noma | a Cl | ty | | | | | | | | | | | | | | | Ľ | | | | 7 | 315 | 54 | | | | | | | |
| Т | Title or Position | | | | | | | | | | CIT | Ϋ́ | | | | | | | | | | | STA | ΑΤΕ | | | | | | ZI | ΡC | 20[| DE | | | |
| L | Treasurer | | | | | | | | | | | | | | | | | Tele | eph | one | nı | ımt | ber | | | | |] – | | 1 | |]- | | | | |
| 8. T | reasurer: List the | name | e an | d ac | ddre | ss (i | oho | ne i | num | ıbe | r | on | otio | nal) | 0 | f th | e ti | reas | sure | er o | f th | ie o | con | nmi | ttee | e: a | nd | the | na | me | e ar | nd | ado | Ires | s o | |

 Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

| Full Name | Hunsucker, Rachael, , , | | |
|--------------------------------|--|----------------------|--|
| of Treasurer | | | |
| Mailing Address | PO Box 5461 | | |
| | | | |
| | Oklahoma Clty OK 73154 – / <th <="" th=""> <th <="" th=""></th></th> | <th <="" th=""></th> | |
| | CITY STATE ZIP CODE | | |
| Title or Position Treasurer | Telephone number | | |

FEC Form 1 (Revised 02/2009)

| Full Name of Designated Agent | | | | | | | | | | | | | | | | | | | | | 1 | | | | | | | | |
|-------------------------------------|--|--|---|--|--|--|--|--|--|----------------|--|--|--|--|------|-----|-----|------|-----|-----|---|--|--|--|--|------|--|--|--|
| Mailing Address | | | l | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | l | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | l | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY | | | | | | | | | | STATE ZIP CODE | | | | | | | | | | | | | | | | | | | |
| Title or Position | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | Tele | eph | one | e ni | umt | ber | | | | | | | | | |

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

| BancFi | rst | | |
|-----------------------------|---------------|----------|----------|
| Mailing Address | PO Box 26788 | | |
| | | | |
| | Oklahoma City | OK 73126 | |
| | CITY | STATE | ZIP CODE |
| Name of Bank, Depository, e | etc. | | |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| | CITY | STATE | ZIP CODE |