## 12030751146

FEC FORM 1

## STATEMENT OF ORGANIZATION

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EEC MAIL CENTER

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NAME OF COMMITTEE (in	full)		Check if name changed)		mple:If typing, ty r the lines.	/pe 1	ŹFĔ4M5	- L		_
Majority Vi	ctory F	und	(Brooks	, Fleis	schmann	, Huel	skamp	, Labra	dor)	ل
								للللل		
ADDRESS (number ar	nd street)	25 E	ast Mai	n Stre	et					ل
(Check if ad is changed)	ldress	L  Rich	mond				VA 2	23219	-	
				CITY		SI	TATE	ZIP C	ODE	
COMMITTEE'S E-MA	IL ADDRES	S (Please	provide only on	e e-mail ac	Idress)					
Chook if	(Check if address roseann@creativedirect.net									
is change		Ш								ل
COMMITTEE'S WEB	PAGE ADD	RESS (UI	RL)							
		111		1111	1111		1111	1 1 1 1	1 1 1 1 1	1
(Check if a is changed		L						1 1 1 1	<u> </u>	
2. DATE 02  3. FEC IDENTIFIC			012\ C							
4. IS THIS STATEM	MENT 🔀	NEW	(N) OR		AMENDED	(A)				
I certify that I have e	xamined this	s Stateme	nt and to the L	est of my	knowledge and b	belief it is t	rue, correct a	nd complete.		
Type or Print Name of	of Treasurer	Ros	se Ann .	Janis						
Signature of Treasure	ır	lore	- an	<u>\</u>	amo	Dat	e <u>02</u> *	′ <b>29°</b> ′	2012	
NOTE: Submission of (			-	-	bject the person s			ne penalties of	2 U.S.C. §437	g
Office Use Only					For further inform Federal Election C Toll Free 800-424-1 Local 202-694-110	ommission 9530	et:	FEC FC (Revised C		

•	F	FEC Fo	rm 1 (Revised 02/2009)	Page 2				
5.	TYPE	PE OF COMMITTEE						
	Cen	ndidate Committee:						
	(a)		This committee is a principal campaign committee. (Complete the candidate information below.)					
	(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	lete the candidate				
	Name Cand							
	Cand Party	idate Affiliati	on Sought: House Senate President	State				
		_		District				
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	Name Cand							
	Part	y Con	nmittee:	_				
	(d)			Democratic, Republican, etc.) Party.				
	Political Action Committee (PAC):							
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	ected 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 segregated fur committee. (i.e., nonconnected committee)							
In addition, this committee is a Lebbyisl/Registrant PAC.								
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
	Joint	Fund	Iraising Representative:					
	(g)	$\boxtimes$	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.	or more political				
		Com	mittees Participating in Joint Fundraiser					
		1.	[MqBrqoksforCongress.com         FEC ID number C 0046	4,14,9				
		2.	Chuck Fleischmann for Congress Committee, Inc.   FEC ID number C 0046	1822				
		3.	Kansans for Huelskamp             FEC ID number C 0041	3096				
		4.	Raul Labrador for Idaho               FEC ID number C 0047	0948				

Treasurer

FEC Form 1 (Revised 02/2009) Page 3 Write or Type Committee Name Majority Victory Fund (Brooks, Fleischmann, Huelskamp, Labrador) Name of Any Connected Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Sponsor Mailing Address CITY STATE ZIP CODE Connected Organization Affiliated Committee Relationship: Joint Fundraising Representative eadership PAC Sponsor Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records. <sub>i</sub>Rose Ann Janis Full Name Mailing Address ichmond Title or Position CITY STATE ZIP CODE Treasurer 278 Telephone number 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 Rose Ann Janis of Treasurer Mailing Address Richmond ZIP CODE CITY STATE Title or Position

|804, |-|278, |-|9142

Telephone number

FEC Form 1 (Revis	sed 02/2009)		Page 4			
Full Name of Designated Agent						
Mailing Address						
	СПҮ	STATE	ZIP CODE			
Title or Position	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	number	<b></b>			
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.						
Suntr	rust Bank					
Mailing Address	919 East Main Street					
	[Richmond	J VĄ J	[23219]			
	CITY	STATE	ZIP CODE			
Name of Bank, Depository	, etc.					
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Mailing Address		<del>                                     </del>	لحسيسي			

CITY

STATE

ZIP CODE

12030751149

## Federal Election Commission **ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS** The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** W5 **Overnight Delivery Service (Specify):** Next Business Day Delivery **Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):