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. VERN BUCHANAN FOR CONGRESS P. O. BOX 48928 ADDRESS (number and street) (Check if address is changed) Sarasota 34230-CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address todd@morganmeredith.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.vernbuchanan.com (Check if address is changed) DATE 01 2005 C00412759 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. Type or Print Name of Treasurer Meredith, David, T,, Meredith, David, T,, Date 06 16 2025 Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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	Form 1 (Revised 03/2022)	Page 2
	YPE OF COMMITTEE:	
	candidate Committee:	
	a) X This committee is a principal campaign committee. (Complete the candidate information below.)	
	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	ne candidate
	Name of Candidate Buchanan, Vernon, , ,	
	Candidate Party Affiliation REP Office Sought: House Senate President	State FL District 16
	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	arty Committee:	
	(National, State (Democrati	ic, n, etc.) Party
	olitical Action Committee (PAC):	
	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:
	Corporation Corporation w/o Capital Stock Labor C	Organization
	Membership Organization Trade Association Cooper	ative
	In addition, this committee is a Lobbyist/Registrant PAC.	
	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	ed 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.)	
	This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	This committee is a political committee with both contribution and non-contribution accounts (Hybrid P	AC).
	In addition, this committee is a Lobbyist/Registrant PAC.	
	oint Fundraising Representative:	
	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.	or more political
	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
	Committees Participating in Joint Fundraiser	
	1	

Treasurer

	_		
1	FEC Form 1 ((Revised 02/2009)	Page 3
٧	Vrite or Type Commit		<u> </u>
	VERN BUG	CHANAN FOR CONGRESS	
6.	Name of Any Con	nected Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	ship PAC Sponsor
	Victory 2026		
	Mailing Address	22780 Indian Creek Dr., STE 100	
		Sterling VA 20166-0	5716
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship:		Leadership PAC Sponso
	riolationip.	/ John Fundaming Hoprocontains	Loudoromp 1710 oponoc
7.	Custodian of Reco	ords: Identify by name, address (phone number optional) and position of the person in possess.	ion of committee
	ا	Buchanan, Yvonne, M., ,	
	Full Name		
	Mailing Address	120 170th St E	
		Unit 106	
		Bradenton FL 34212-3	3002
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Custodian of Record	ds Telephone number	953 6060
8.		name and address (phone number optional) of the treasurer of the committee; and the nate to the committee; and the nate to the committee and the co	ame and address of
	Full Name of Treasurer	Meredith, David, T, ,	
	Mailing Address	22780 Indian Creek Dr	
		Ste 100	
		Sterling VA 20166-6	6716
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		

Telephone number

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Full Name of Designated Agent	Meredith, David, T, ,		
Mailing Address	22780 Indian Creek Dr		
	Sterling	VA	20166-6716
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
Treasurer	Telephone r	number 70	3 - 467 - 9341
	Depositories: List all banks or other depositories in which the commodes or maintains funds.	nittee deposits fu	nds, holds accounts, rents
Name of Bank, D	Depository, etc.		
	Access National Bank		
Mailing Address	1800 Robert Fulton Dr., STE 310		
	Reston	ı VA ı	20191
	CITY A	STATE ▲	ZIP CODE ▲
Name of Bank, D	Depository, etc.		
	American Momentum Bank		
Mailing Address	Washington Avenue		
	544 South Washtington Blvd		
	Sarasota	FL	34236
	CITY ▲	STATE ▲	ZIP CODE ▲

: 97 'A = G7 9 @ G B9 CI G'H9 LH F 9 @ 5 H9 8 'HC '5 'F 9 DC F HZ G7 < 98 I @ 'C F '+ H9 A = N5 H= C B

Form/Schedule: F1N Transaction ID:

Due to system parameters, I could not amend to original report. Have to submit new. Amend regarding RFAI dated May 15th, 2025. To remove Victory 2024 and add Victory 2026.

Form/Schedule: Transaction ID:

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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	ng Participant:			
1.			FEC ID number	С
2.			FEC ID number	С
3			FEC ID number	С
4.			FEC ID number	C
lame of Any Connecte	l Organization, Affiliated Cor	nmittee, Joint Fundra	ising Representative	e, or Leadership PAC Spons
Mailing Address				
Relationship:	CL		STATE A	ZIP CODE A
	fy by name, address (phone r		Fundraising Representa	
Pesignated Agent: Ident			Linualing Representa	
esignated Agent: Ident			unuasing nepresenta	Leadership PAC Spo
Pesignated Agent: Ident			Linualing Represented	
Pesignated Agent: Ident	fy by name, address (phone r	number – optional)		
Pesignated Agent: Ident	fy by name, address (phone r	number – optional)	STATE A	ZIP CODE A
Pesignated Agent: Ident Full Name Mailing Address	fy by name, address (phone r	number – optional)		
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or necessarily deposit boxes or necessarily deposited by the second sec	fy by name, address (phone reconstruction) CITY Ories: List all banks or other of	number – optional)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Canks or Other Deposition afety deposit boxes or not be a position, etc.	fy by name, address (phone recommendation of the recommendation of	number – optional)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Canks or Other Deposition afety deposit boxes or not be a position, etc.	fy by name, address (phone recommendation of the recommendation of	number – optional)	STATE A	

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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1				
2.			FEC ID number	C
			FEC ID number	С
3.			FEC ID number	C
4.			FEC ID number	C
Name of Any Connected	Organization, Affiliate	ed Committee, Joint Fu	ndraising Representati	ve, or Leadership PAC Spons
Mailing Address				
			STATE A	ZIP CODE A
Relationshin:		CITY A		
			oint Fundraising Represe	
Connecte Pesignated Agent: Identif		iliated Committee	oint Fundraising Represe	
Connecte Pesignated Agent: Identif		iliated Committee	oint Fundraising Represe	
connecte resignated Agent: Identif		iliated Committee	oint Fundraising Represe	
connecte resignated Agent: Identif		hone number – optional	oint Fundraising Represe	Leadership PAC Sp
Connecte Pesignated Agent: Identif	y by name, address (pl	iliated Committee	oint Fundraising Represe	

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraising		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
		FEC ID number	С
4.			
ame of Any Connected (Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Mailing Address			
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Organization Affiliated Committee Joint by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
		Fundraising Representa	Leadership PAC S
esignated Agent: Identify		Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name		Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name		Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name	by name, address (phone number – optional)	Fundraising Representation	Leadership PAC S
esignated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional)		
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION	by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor	by name, address (phone number – optional) CITY Te ies: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mai	by name, address (phone number – optional) CITY CITY Te ies: List all banks or other depositories in which intains funds.	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mai	by name, address (phone number – optional) CITY CITY Te ies: List all banks or other depositories in which intains funds.	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail ame of Bank, epository, etc.	by name, address (phone number – optional) CITY CITY Te ies: List all banks or other depositories in which intains funds. Bank	STATE A	ZIP CODE A