Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. SCHOCK VICTORY COMMITTEE 1303 W TETON DR ADDRESS (number and street) (Check if address is changed) **PEORIA** 61612-6161 IL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS aaronschock@aol.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 07 2019 C00469395 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. Schock, Aaron, , , Type or Print Name of Treasurer Schock, Aaron, , , [Electronically Filed] 06 2019 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

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		rm 1 (Revised 02/2009)	Page 2
		OMMITTEE • 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. (Cominformation below.)	plete the candidate
Nam Cano	e of didate		
	didate y Affiliati	on Office Sought: X House Senate President	State IL 18
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cano	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	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.)	
Join	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two	vo or more political
(h)	×	committees/organizations, at least one of which is an authorized committee of a federal candidate. 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
	Com	mittees Participating in Joint Fundraiser	
	1.	SCHOCK FOR CONGRESS	437756
	2.	GOP GENERATION Y FUND FEC ID number C C00	448191
	3.	NRCC FEC ID number C C00	075820
	4.		

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Write or Type Committee N	ame	
SCHOCK VIC	CTORY COMMITTEE	
6. Name of Any Connecte	ed Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	ership PAC Sponsor
NONE		
<u> </u>		<u> </u>
Mailing Address		
Mailing Address		<u> </u>
	CITY STATE	ZIP CODE
D. I. ii. seekiis.		
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the person in	possession of committee
Full Name		
Mailing Address		
Title or Position	CITY STATE	ZIP CODE
	Telephone number	
. Treasurer: List the name any designated agent (e.	e and address (phone number optional) of the treasurer of the committee; and the g., assistant treasurer).	name and address of
Full Name Schock of Treasurer	k, Aaron, , ,	
Mailing Address	PO Box 10555	
	Peoria IL 6161:	2
Title or Position	CITY STATE	ZIP CODE
Treasurer		361 - 1777

Full Name of Designated Agent Mailing Address Title or Position Banks or Other Depo safety deposit boxes or Name of Bank, Deposi	sitories: List all banks or other depositories in which the committee de maintains funds. tory, etc.	
Designated Agent Mailing Address Title or Position Banks or Other Depo safety deposit boxes or Name of Bank, Deposit	CITY STA Telephone number sitories: List all banks or other depositories in which the committee der maintains funds. tory, etc.	
Mailing Address Title or Position Banks or Other Depo safety deposit boxes or Name of Bank, Deposit	CITY STA Telephone number sitories: List all banks or other depositories in which the committee der maintains funds. tory, etc.	
Banks or Other Depo safety deposit boxes of Name of Bank, Deposi	CITY STA Telephone number sitories: List all banks or other depositories in which the committee der maintains funds. tory, etc.	
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Banks or Other Depo safety deposit boxes of Name of Bank, Deposi	sitories: List all banks or other depositories in which the committee de maintains funds. tory, etc.	
safety deposit boxes of Name of Bank, Deposi	maintains funds. tory, etc.	eposits funds, holds accounts, rents
Mailing Address	5401 W DIRKSEN PKWY	
	PEORIA	IL 61607
	CITY STA	TE ZIP CODE
Name of Bank, Deposi	tory, etc.	
Mailing Address		
	CITY STA	TE ZIP CODE