

FEC  
FORM 1STATEMENT OF  
ORGANIZATION

Office Use Only

1. NAME OF  
COMMITTEEE (in full)  (Check if name  
is changed) Example: If typing, type  
over the lines.

12FE4M5

OLA VICTORY FUND

ADDRESS (number and street)

2301 DEL PRADO BLVD S

 (Check if address  
is changed)

STE 690 #118

CAPE CORAL

CITY ▲

FL

33990

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

 (Check if address  
is changed)

JASON@TABULARIUS.PRO

Optional Second E-Mail Address  
COMPLIANCE@TABULARIUS.PRO

COMMITTEE'S WEB PAGE ADDRESS (URL)

 (Check if address  
is changed)2. DATE  /  / 

3. FEC IDENTIFICATION NUMBER ►

C 4. IS THIS STATEMENT  NEW (N)  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 BOLES, JASON, D.,

Signature of Treasurer BOLES, JASON, D.,

Date

 /  / 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  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100FEC FORM 1  
(Revised 06/2012)





Full Name of  
Designated  
Agent

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Telephone number

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.

First Resource Bank

Mailing Address

7449 Village Drive

Lino Lakes

MN

55014

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

SERVISFIRST BANK

Mailing Address

300 GALLERIA PARKWAY SE

STE 100

ATLANTA

GA

30339

CITY ▲

STATE ▲

ZIP CODE ▲