PAGE 1/8

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Making Investments Majority Insured PAC 9070 Irvine Center Drive, #150 ADDRESS (number and street) (Check if address is changed) Irvine 92618 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@campaign-compliance.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2016 C00564658 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. Slater, Jen, , , Type or Print Name of Treasurer Slater, Jen,,, [Electronically Filed] 09 19 2018 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 Only

Local 202-694-1100

I	FEC <b>Fo</b> i	rm 1 (Revised 02/2009)	Page <b>2</b>
		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. (Con information below.)	nplete the candidate
Nam Cand	e of didate		
	didate / Affiliation	Office Sought: House Senate President	State CA District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of lidate		
Par	ty Con	nmittee:	(Domogratic
(d)		(National, State  This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	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.)	
Join	t Fund	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.	
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number C	
	2.	FEC ID number C	
	3.		
	4.		

Making Investments Majority Insured PAC  6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC  Mimi Walters  9070 Irvine Center Drive, #150  Mailing Address  CITY  STATE  ZIP CO	age <b>3</b>
Making Investments Majority Insured PAC  6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC  Mimi Walters  9070 Irvine Center Drive, #150  Mailing Address  CITY  STATE  ZIP CC  Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership  C. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession books and records.  Slater, Jen, , ,  Full Name	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAG  Mimi Walters  9070 Irvine Center Drive, #150  Mailing Address  Irvine  CA  92618  CITY  STATE  ZIP CO  Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership  Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession books and records.  Slater, Jen, , ,  Full Name	
Mailing Address    Irvine	C Sponsor
Mailing Address    Irvine	
Mailing Address    Irvine	
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership  Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession books and records.  Slater, Jen, , ,  Full Name	
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership  Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession books and records.  Slater, Jen, , ,  Full Name	
books and records.  Slater, Jen, , ,  Full Name	DDE D PAC Sponsor
Full Name	n of committee
	<b>.</b>
Mailing Address	
Irvine CA 92618	
Title or Position CITY STATE ZIP CC	DDE
Custodian of Records  Telephone number  949 - 858	- <del>- 7448</del>
3. <b>Treasurer:</b> List the name and address (phone number optional) of the treasurer of the committee; and the name and any designated agent (e.g., assistant treasurer).	address of
Full Name Slater, Jen, , , of Treasurer	
Mailing Address 9070 Irvine Center Drive, #150	
Irvine	
CITY STATE ZIP CO  Title or Position  Treasurer  Telephone number	DE

FEC <b>Fo</b> i	rm 1 (Revised 02/2009)	Page 4
Full Name of Designated		
Agent		
Mailing Address	5	
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit b	er Depositories: List all banks or other depositories in which the committee deposits funds, holooxes or maintains funds.  Depository, etc.	
safety deposit t Name of Bank,	Depository, etc.  Bank of America  167 Technology Drive	
safety deposit b	Depository, etc.  Bank of America  167 Technology Drive	
safety deposit t Name of Bank,	Depository, etc.  Bank of America  167 Technology Drive	
safety deposit t Name of Bank,	Depository, etc.  Bank of America  67 Technology Drive	ZIP CODE
safety deposit to Name of Bank,  Mailing Address	Depository, etc.  Bank of America  67 Technology Drive  S  Irvine  CA 92618	
safety deposit to Name of Bank,  Mailing Address	Depository, etc.  Bank of America  67 Technology Drive  Irvine  CITY  STATE  Depository, etc.	
safety deposit to Name of Bank,  Mailing Address  Name of Bank,	Depository, etc.  Bank of America  67 Technology Drive  Irvine  CITY  STATE  Depository, etc.  Wells Fargo  420 Montgomery Street	
safety deposit to Name of Bank,  Mailing Address	Depository, etc.  Bank of America  67 Technology Drive  Irvine  CITY  STATE  Depository, etc.  Wells Fargo  420 Montgomery Street	
safety deposit to Name of Bank,  Mailing Address  Name of Bank,	Depository, etc.  Bank of America  67 Technology Drive  Irvine  CITY  STATE  Depository, etc.  Wells Fargo  420 Montgomery Street	ZIP CODE

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

Page \_5 **of** 8\_\_\_

h). <b>Joint Fundraisi</b>	<b>3</b>		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
=	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
MCCARIHYWA	LTERS VICTORY COMMITTEE		
Martin Address	9070 IRVINE CENTER DRIVE, #150		
Mailing Address			
			00040
	IRVINE 	L CA	92618
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee	Fundraising Represent	ative Leadership PAC Sp
	Affiliated Committee	Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		Fundraising Represent	ative Leadership PAC S
esignated Agent: Identii  Full Name    Mailing Address	fy by name, address (phone number – optional)	Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif	fy by name, address (phone number – optional)  CITY		
esignated Agent: Identification  Full Name	fy by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identification  Full Name	fy by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identification  Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank,	fy by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identification  Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank,	fy by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identification Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite affety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A

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

Page \_\_\_\_ **of** \_\_\_\_

1			
1.		FEC ID number	C
2.		FEC ID number	С
3		FEC ID number	C
4.		FEC ID number	C
lame of Any Connected	d Organization, Affiliated Committee, Joint Fun	draising Representative	e or Leadershin PAC Snons
	RSHIP COMMITTEE		, or <u></u>
Mailing Address	824 S MILLEDGE AVE STE 101		
	ATHENS	GA	30605
	THE STATE OF THE S		
Relationship:	CITY A	STATE A	ZIP CODE ▲
Connecte	CITY ▲ ed Organization Affiliated Committee	STATE ▲  nt Fundraising Representa	
Connecte	CITY A		
Connecte  Pesignated Agent: Identi  Full Name	CITY ▲ ed Organization Affiliated Committee		
Connecte  Designated Agent: Identi	CITY ▲ ed Organization Affiliated Committee		
Connecte  Pesignated Agent: Identi  Full Name	CITY ▲ ed Organization Affiliated Committee		
Connecte  Pesignated Agent: Identi  Full Name	CITY A  ed Organization Affiliated Committee   y Join  fy by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Sp
Connecte  Pesignated Agent: Identi  Full Name	CITY A  ed Organization Affiliated Committee   fy by name, address (phone number – optional)  CITY A  CITY A		

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

Page \_\_\_\_\_ **of** \_\_\_\_\_

h). Joint Fundraisir			FEC ID number	C
1.			FEC ID number	
2.				
3.			FEC ID number	
4.			FEC ID number	C
=	=	mmittee, Joint Fundr	aising Representati	ve, or Leadership PAC Spon
WALTERS-GRAN	IT VICTORY FUND			
Mailing Address	9070 IRVINE CENTER DR	IVE, #150		
	IRVINE		CA	92618
Relationship:	CIT	TY ▲	STATE 4	ZIP CODE A
Connecte	1 Organization Affiliated	Committee X Joint	Fundraising Represer	tative Leadership PAC S
	Affiliated of the property of		Fundraising Represer	tative Leadership PAC S
	_		Fundraising Represer	ntative Leadership PAC S
esignated Agent: Identif	_		Fundraising Represer	tative Leadership PAC S
esignated Agent: Identif	_		Fundraising Represer	tative Leadership PAC S
esignated Agent: Identif	_	number – optional)		Leadership PAC S
esignated Agent: Identif	by name, address (phone r	number – optional)		
esignated Agent: Identif  Full Name  Mailing Address	by name, address (phone r	number – optional)		
esignated Agent: Identif  Full Name	r by name, address (phone r	number – optional)	STATE A	
esignated Agent: Identif  Full Name	r by name, address (phone r	number – optional)	STATE A	ZIP CODE A
esignated Agent: Identif  Full Name	r by name, address (phone r	number – optional)	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposited afety deposit boxes or mails are of Bank,	r by name, address (phone r	number – optional)	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or material depositions, epository, etc.	r by name, address (phone r	number – optional)	STATE A	ZIP CODE A

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

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1		FEC ID number	C
2.		FEC ID number	С
3		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
Mimi Walters Victor	ory Fund		
Mailing Address	9070 Irvine Center Drive, #150		
	Irvine	CA	92618
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Organization X Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC S
Connected	Organization Affiliated Committee Joint by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
Connected esignated Agent: Identify		Fundraising Representa	Leadership PAC S
esignated Agent: Identify  Full Name		Fundraising Representa	Leadership PAC S
Connected esignated Agent: Identify Full Name		Fundraising Representation	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)  CITY		
esignated Agent: Identify  Full Name	by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or maintenance.	by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or mail	by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION	by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or ma ame of Bank, epository, etc.	by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A