STATEMENT OF

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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. Mike Rogers Victory 30 E Division ADDRESS (number and street) (Check if address is changed) Chicago 60610 IL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS jmanni06@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2021 C00610055 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. Mannion, John, , , Type or Print Name of Treasurer Mannion, John, , , [Electronically Filed] 07 2021 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

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TYPE OF (COMMITTEE	
	e 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.)	olete the candidate
Name of Candidate		
Candidate Party Affiliat	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co		
(d)	· · · ·	(Democratic, Republican, etc.) Party
Political A	action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected organization is
	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 se committee. (i.e., nonconnected committee)	gregated fund or part
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fun	draising Representative:	
(g) x	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.	o or more political
Con	nmittees Participating in Joint Fundraiser	
1.	AMERICAN SECURITY PAC FEC ID number C C004	139521
2.	MIKE ROGERS FOR CONGRESS FEC ID number C C003	367862
3.	NRCC FEC ID number C C000	75820
4.		

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Write or Type Committee		<u> </u>
Mike Rogers	Victory	
	eted Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	adership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
	nected 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 i	n possession of committee
Manr Full Name	nion, John, , ,	
Mailing Address	30 E Division	
	Chicago IL 606	310
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	- 374 - 6815
3. Treasurer: List the nam any designated agent (e	ne and address (phone number optional) of the treasurer of the committee; and the e.g., assistant treasurer).	ne name and address of
Full Name Mann of Treasurer	nion, John, , ,	
Mailing Address	30 E Division	
	Chicago IL 606	
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 917	- 374 - 6815

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Noble Trust Bank	s accounts, rents
safety deposit bo	oxes or maintains funds. Depository, etc.	s accounts, rents
safety deposit bo Name of Bank, [Noble Trust Bank 1509 Quintard Ave Anniston AL 36201	ZIP CODE
safety deposit bo Name of Bank, [Noble Trust Bank 1509 Quintard Ave Anniston CITY STATE	
safety deposit bo Name of Bank, I Mailing Address	Depository, etc. Noble Trust Bank 1509 Quintard Ave Anniston CITY STATE Depository, etc.	
safety deposit bo Name of Bank, [Mailing Address Name of Bank, [Noble Trust Bank 1509 Quintard Ave Anniston CITY STATE	
safety deposit bo Name of Bank, I Mailing Address	Depository, etc. Noble Trust Bank 1509 Quintard Ave Anniston CITY STATE Depository, etc.	
safety deposit bo Name of Bank, [Mailing Address	Depository, etc. Noble Trust Bank 1509 Quintard Ave Anniston CITY STATE Depository, etc.	
safety deposit bo Name of Bank, [Mailing Address Name of Bank, [Depository, etc. Noble Trust Bank 1509 Quintard Ave Anniston CITY STATE Depository, etc.	