

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED SECRETARY OF THE SENATE PUBLIC

7 JUL -6 Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

HELLER FLAKE VICTORY COMMITTEE

ADDRESS (number and street)

PO BOX 751271

(Check if address is changed)

Las Vegas

CITY ▲

NV

STATE ▲

89136-1271

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

ryan@incompliance.net

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

MM / DD / YYYY 06 / 29 / 2017

3. FEC IDENTIFICATION NUMBER ▶

C C00579151

4. 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 Phillips, Ryan, ...

Signature of Treasurer

Phillips, Ryan, ...

[Handwritten Signature]

Date

MM / DD / YYYY 06 / 29 / 2017

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 Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

201707060200164334

5. TYPE OF COMMITTEE

Candidate 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. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

| | | | | |
|----|-------------------------------|---------------|---|-----------|
| 1. | Heller for Senate | FEC ID number | C | C00494229 |
| 2. | Jeff Flake for US Senate Inc. | FEC ID number | C | C00347260 |
| 3. | NRSC | FEC ID number | C | C00027466 |
| 4. | | FEC ID number | C | |

201707060200164335

Write or Type Committee Name

HELLER FLAKE VICTORY COMMITTEE

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[Empty grid for organization name]

Mailing Address

[Empty grid for mailing address]

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Phillips, Ryan, . .

Mailing Address

PO Box 751271

Las Vegas

NV

89136-1271

Title or Position

CITY

STATE

ZIP CODE

Custodian of Records

Telephone number

702

259

5559

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

Phillips, Ryan, . .

Mailing Address

PO Box 751271

Las Vegas

NV

89136-1271

Title or Position Treasurer

CITY

STATE

ZIP CODE

[Empty grid for treasurer name]

Telephone number

702

259

5559

201707060200164336

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[Grid for 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.

Bank of Nevada

[Grid for Bank of Nevada Name]

Mailing Address

8505 Centennial Pkwy

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

Las Vegas

[Grid for Mailing Address Line 3]

NV

89149

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc.]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

201707060200164337

201707060200164338
In Compliance Inc.
P.O. Box 751271
Las Vegas, NV 89136



7004 1160 0004 2625 2079



20013

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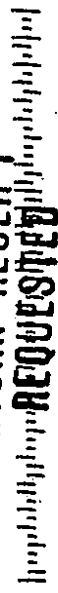


Senate Office of Public Records
P.O. Box 77578
Washington, DC 20013-7578

13

RETURN RECEIPT
REQUESTED

20013-857878



United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
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USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

| | SHIPPING DATE | NEXT BUSINESS DAY DELIVERY |
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| FEDERAL EXPRESS | _____ | <input type="checkbox"/> |
| UPS | _____ | <input type="checkbox"/> |
| DHL | _____ | <input type="checkbox"/> |
| AIRBORNE EXPRESS | _____ | <input type="checkbox"/> |

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Date of Receipt

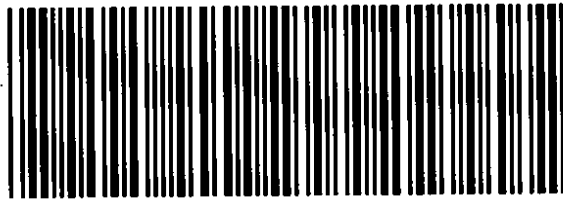
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Date of Receipt

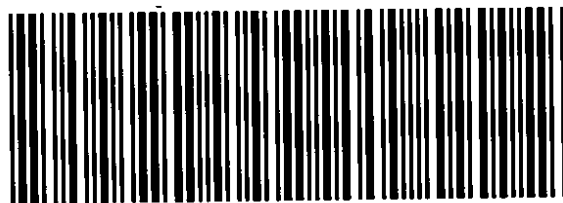
OTHER _____
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PREPARER SR DATE PREPARED 7-6-17

201707060200164339



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201707060200164340