FEC

Only

STATEMENT OF

PAGE 1 / 4

ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Hemp for Victory 1476 e big bear blvd ADDRESS (number and street) (Check if address is changed) big bear city 92314 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS vote@scottmeek.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.scottmeek.com (Check if address is changed) DATE 2017 C00656595 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. meek, scott, , , Type or Print Name of Treasurer meek, scott, , , [Electronically Filed] 09 28 2017 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

		4 (During 4 00 (000))	D 0
		rm 1 (Revised 02/2009)	Page 2
		OMMITTEE 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. (Con information below.)	nplete the candidate
Nam Cano	e of didate	meek, scott, allen, mr,	
	didate / Affiliati	on REP Office Sought: House Senate Fresident	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of lidate		
Par	ty Con	nmittee:	
(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	Iraising 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.	
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC Form 1 (Revised 0		Page 3
Write or Type Committee Name		
Hemp for Victor		
6. Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative	e, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Represent	Leadership PAC Sponsor
. Custodian of Records: Identification books and records.	tify by name, address (phone number optional) and position of the	person in possession of committee
meek, scot	t, , ,	
Full Name	1476 e big bear blvd	
Mailing Address		
	big bear city CA	92314
Title or Position	CITY STATE	ZIP CODE
	Telephone number	
t. Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committeessistant treasurer).	e; and the name and address of
Full Name meek, scott of Treasurer	;,,,	
Mailing Address	1476 e big bear blvd	
	big bear city CA	92314
Title or Position	CITY STATE	ZIP CODE

12010	m 1 (Revised 02/2009)	Page 4
Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
-	Depository, etc.	
safety deposit b	Depository, etc. arrowhead credit union 12099 Central Ave.	
safety deposit to Name of Bank,	Depository, etc. arrowhead credit union 12099 Central Ave.	
safety deposit to Name of Bank,	Depository, etc. arrowhead credit union 12099 Central Ave.	
safety deposit to Name of Bank,	Depository, etc. arrowhead credit union 12099 Central Ave.	O
safety deposit to Name of Bank, Mailing Address	Depository, etc. arrowhead credit union 12099 Central Ave. chino CA 9171	
safety deposit to Name of Bank, Mailing Address	Depository, etc. arrowhead credit union 12099 Central Ave. chino CITY STATE Depository, etc.	
safety deposit to Name of Bank, Mailing Address Name of Bank,	Depository, etc. arrowhead credit union 12099 Central Ave. chino CITY STATE Depository, etc.	
safety deposit to Name of Bank, Mailing Address	Depository, etc. arrowhead credit union 12099 Central Ave. chino CITY STATE Depository, etc.	
safety deposit to Name of Bank, Mailing Address Name of Bank,	Depository, etc. arrowhead credit union 12099 Central Ave. chino CITY STATE Depository, etc.	
safety deposit to Name of Bank, Mailing Address Name of Bank,	Depository, etc. arrowhead credit union 12099 Central Ave. chino CITY STATE Depository, etc.	