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FEC
FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

TRIBUTE VICTORY FUND

ADDRESS (number and street)

1506 HILLSBOROUGH STREET

(Check if address is changed)

RALEIGH NC 27605-1831

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

LANGHAM@NCGOP.ORG

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

919-899-3815

2. DATE

MM / DD / YYYY
01 / 11 / 2006

3. FEC IDENTIFICATION NUMBER ▶

C

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

JOHN B. HAYNES

Signature of Treasurer

John B. Haynes

Date

MM / DD / YYYY
01 / 11 / 2006

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 02/2003)
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5. TYPE OF COMMITTEE (Check One)

- (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 _____

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.
- (e) This committee is a separate segregated fund.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

NORTH CAROLINA REPUBLICAN EXECUTIVE COMMITTEE

Mailing Address 1506 HILLSBOROUGH STREET

RALEIGH NC 27605-1831

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship JOINT FUNDRAISING PARTICIPANT

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

TRIBUTE VICTORY FUND

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 KAREN LANGHAM

Mailing Address 1506 HILLSBOROUGH STREET

RALEIGH NC 27605-1831

Title or Position CITY STATE ZIP CODE

COMPTROLLER Telephone number 919-828-6423

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 JOHN B. HAYNES

Mailing Address 1506 HILLSBOROUGH STREET

RALEIGH NC 27605-1831

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 919-828-6423

Full Name of Designated Agent CHARLES B. NEELY JR

Mailing Address 1506 HILLSBOROUGH STREET

RALEIGH NC 27605-1831

Title or Position CITY STATE ZIP CODE

AGENT Telephone number 919-828-6423

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 AMERICA

Mailing Address

321 OBERLIN ROAD

RALEIGH NC 27605

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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- (e) This committee is a separate segregated fund.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee - ADDITIONAL

HANES FOR CONGRESS: _____

Mailing Address P.O. BOX 2000 _____

CONCORD NC 28026 _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship JOINT FUNDRAISING PARTICIPANT _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

Jm 13
 PREPARER
 (3/2005)

7-21-06
 DATE PREPARED

200507210908