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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. RAND PAUL VICTORY COMMITTEE PO BOX 72190 ADDRESS (number and street) (Check if address is changed) **NEWPORT** 41072 KY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS TREASURER@RANDPAUL2016.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) http://www.randpaulvictory.com/ (Check if address is changed) DATE 07 2015 C00545848 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. KEVIN BROGHAMER Type or Print Name of Treasurer KEVIN BROGHAMER [Electronically Filed] 04 07 2015 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

| F              | EC <b>Fo</b> i      | rm 1 (Revised 02/2009)                                                                                                                                                                            | Page <b>2</b>                            |
|----------------|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
|                |                     | OMMITTEE<br>• Committee:                                                                                                                                                                          |                                          |
| (a)            |                     | This committee is a principal campaign committee. (Complete the candidate information below                                                                                                       | <i>i</i> .)                              |
| (b)            |                     | This committee is an authorized committee, and is NOT a principal campaign committee. (Co information below.)                                                                                     | mplete the candidate                     |
| Name<br>Candi  |                     |                                                                                                                                                                                                   |                                          |
| Candi<br>Party | idate<br>Affiliatio | Office<br>Sought: House Senate President                                                                                                                                                          | State                                    |
| (c)            |                     | This committee supports/opposes only one candidate, and is NOT an authorized committee.                                                                                                           |                                          |
| Name<br>Candi  |                     |                                                                                                                                                                                                   |                                          |
| Part           | y Con               | nmittee:                                                                                                                                                                                          | (Domogratio                              |
| (d)            |                     | This committee is a (National, State or subordinate) committee of the                                                                                                                             | (Democratic,<br>Republican, etc.) Party. |
| Polit          | ical A              | ction Committee (PAC):                                                                                                                                                                            |                                          |
| (e)            |                     | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co                                                                                                 | onnected 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 scommittee. (i.e., nonconnected committee)                                                                 | segregated 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.)                                                                                                                    |                                          |
| Joint          | Fund                | raising Representative:                                                                                                                                                                           |                                          |
| (g)            | X                   | This committee collects contributions, pays fundraising expenses and disburses net proceeds for 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 committees/organizations, none of which is an authorized committee of a federal candidate.        | two or more political                    |
|                | Com                 | mittees Participating in Joint Fundraiser                                                                                                                                                         |                                          |
|                | 1.                  | RAND PAUL FOR PRESIDENT, INC. FEC ID number C CO                                                                                                                                                  | 0575449                                  |
|                | 2.                  | RAND PAUL FOR US SENATE 2016 FEC ID number C CO                                                                                                                                                   | 0496075                                  |
|                | 3.                  | REINVENTING A NEW DIRECTION - RANDPAC FEC ID number C CO                                                                                                                                          | 0493924                                  |
|                | 4.                  | FEC ID number                                                                                                                                                                                     |                                          |

|             | FEC Form                         | 1 (Revised 02/2009)                                                                                                             | Page <b>3</b>      |
|-------------|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------|--------------------|
| Wr          | ite or Type Com                  |                                                                                                                                 | raye <b>J</b>      |
|             |                                  | AUL VICTORY COMMITTEE                                                                                                           |                    |
|             |                                  | Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership                                   | PAC Sponsor        |
|             | DNE                              |                                                                                                                                 | ·                  |
|             |                                  |                                                                                                                                 |                    |
|             |                                  |                                                                                                                                 |                    |
| 1           | Mailing Address                  |                                                                                                                                 |                    |
|             |                                  |                                                                                                                                 |                    |
|             |                                  |                                                                                                                                 |                    |
|             |                                  | CITY STATE ZI                                                                                                                   | P CODE             |
| ſ           | Relationship:                    | Connected Organization Affiliated Committee Joint Fundraising Representative Leader                                             | ership PAC Sponsor |
|             | Custodian of Repools and record  | ecords: Identify by name, address (phone number optional) and position of the person in posserds.                               | ssion of committee |
|             | Full Name                        | KEVIN BROGHAMER                                                                                                                 | 1                  |
|             | Mailing Address                  | PO Box 72190                                                                                                                    |                    |
| •           | viaming / tadi 033               |                                                                                                                                 |                    |
|             |                                  | NEWPORT KY 41072                                                                                                                |                    |
| _           | Title en Desition                | OLTY CTATE 7                                                                                                                    | 0.0005             |
|             | Title or Position                | CITY STATE ZI                                                                                                                   | P CODE             |
|             | TREASURER                        | Telephone number                                                                                                                |                    |
| 3. <b>1</b> | Treasurer: List the designated a | the name and address (phone number optional) of the treasurer of the committee; and the name agent (e.g., assistant treasurer). | and address of     |
|             | Full Name                        | KEVIN BROGHAMER                                                                                                                 | 1                  |
|             | of Treasurer                     | IPO Box 72190                                                                                                                   |                    |
| N           | Mailing Address                  |                                                                                                                                 |                    |
|             |                                  | NEWPORT   KY   141072                                                                                                           |                    |
|             |                                  |                                                                                                                                 | CODE               |
| 7           | Fitle or Position TREASURER      |                                                                                                                                 |                    |
| . [         |                                  | Telephone number                                                                                                                |                    |

|                                     | <b>n 1</b> (Revised 02/2009)                                                                                  | Page <b>4</b>           |
|-------------------------------------|---------------------------------------------------------------------------------------------------------------|-------------------------|
|                                     |                                                                                                               |                         |
| Full Name of Designated             | KEVIN BROGHAMER                                                                                               |                         |
| Agent                               |                                                                                                               |                         |
| Mailing Address                     | PO BOX 72190                                                                                                  |                         |
|                                     |                                                                                                               |                         |
|                                     | NEWPORT KY 41                                                                                                 | 072                     |
|                                     | CITY STATE                                                                                                    | ZIP CODE                |
| Title or Position                   |                                                                                                               | 1 1 1                   |
|                                     | Telephone number                                                                                              | -                       |
|                                     |                                                                                                               |                         |
| Banks or Other<br>safety deposit be | <ul> <li>Depositories: List all banks or other depositories in which the committee deposits funds.</li> </ul> | , holds accounts, rents |
| Name of Bank,                       |                                                                                                               |                         |
|                                     | CHAIN BRIDGE BANK                                                                                             |                         |
|                                     | 11445 LAUGHLIN AVE                                                                                            |                         |
|                                     | 11440 L/(OCITEIN)/(VL                                                                                         |                         |
| Mailing Address                     |                                                                                                               |                         |
| Mailing Address                     |                                                                                                               |                         |
| Mailing Address                     |                                                                                                               | 101                     |
| Mailing Address                     |                                                                                                               | 101<br>ZIP CODE         |
| Mailing Address  Name of Bank,      | MCLEAN 222 CITY STATE                                                                                         |                         |
|                                     | MCLEAN 222 CITY STATE                                                                                         |                         |
|                                     | MCLEAN VA 222  CITY STATE  Depository, etc.                                                                   |                         |
|                                     | CITY STATE  Depository, etc.  CHASE BANK  924 BROADWAY KY3-1000                                               |                         |
| Name of Bank,                       | CITY STATE  Depository, etc.  CHASE BANK  924 BROADWAY KY3-1000                                               |                         |
| Name of Bank,                       | CITY STATE  Depository, etc.  CHASE BANK  924 BROADWAY KY3-1000                                               |                         |