| FEC FORM 1 | STATEMEN ORGANIZ | | PAGE 1 / 4 |
|--|--------------------------------|--|---|
| 1. NAME OF COMMITTEE (in full) | (Check if name is changed) | Example:If typing, type over the lines. | 12FE4M5 |
| Bera Victory Fur | nd | | |
| | PO Box 582496 | | |
| ADDRESS (number and street) | | | |
| is changed) | Elk Grove | | CA 95758 STATE ▲ ZIP CODE ▲ |
| COMMITTEE'S E-MAIL ADDR | ESS | | |
| (Check if address is changed) | beravictoryfund@gmail | .com | |
| | Optional Second E-Mail Add | Iress | |
| | | | |
| COMMITTEE'S WEB PAGE A (Check if address is changed) | | | |
| 2. DATE 05 / | 21 / Y Y Y Y 2018 | | |
| 3. FEC IDENTIFICATION N | | 00519900 | |
| 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 Treasu | rer Kyriacopoulos, Janica, , , | | |
| Signature of Treasurer | iacopoulos, Janica, , , | [Electronically Filed] | Date 05 / D D / Y Y Y Y 21 2018 |
| NOTE: Submission of false, erro | | may subject the person signing t DN SHOULD BE REPORTED W | his Statement to the penalties of 2 U.S.C. §437g. ITHIN 10 DAYS. |
| Office Use Only | | For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100 | |

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|------------------------------|--|
| TYPE OF C | OMMITTEE |
| Candidate | 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. (Complete the candidate information below.) |
| Name of Candidate | <u> </u> |
| Candidate Party Affiliati | ion Office Sought: House Senate President District |
| (c) | This committee supports/opposes only one candidate, and is NOT an authorized committee. |
| Name of Candidate | |
| Party Con | |
| (d) | This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party |
| Political A | ction 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 Func | draising 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. |
| Com | mittees Participating in Joint Fundraiser |
| 1. | California Democratic Party FEC ID number C C00105668 |
| 2. | Bera for Congress |
| 3. | FEC ID number |
| 4. | FEC ID number |

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Write or Type Committee Name

Bera Victory Fund

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

| N | | | |
|-------|--|--|---|
| L | | | |
| | Mailing Address | | |
| | | | |
| | | | |
| | | CITY | STATE ZIP CODE |
| | Relationship: Connecte | d Organization Affiliated Committee Joint Fundra | ising Representative Leadership PAC Sponso |
| 7. | Custodian of Records: Ide books and records. | ntify by name, address (phone number optional) and ${\mathfrak p}$ | position of the person in possession of committee |
| | Kyriacopo | pulos, Janica, , , | |
| | Full Name | | |
| | Mailing Address | PO Box 65322 | |
| | | | |
| | | Washington | |
| | Title or Position | CITY | STATE ZIP CODE |
| | l Treasurer | | 202 628 1 580 |

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).

Telephone number

| Full Name of Treasurer | Kyriacopoulos, Janica, , , |
|--------------------------------|---|
| Mailing Address | PO Box 65322 |
| | |
| | Washington DC 20035 - |
| | CITY STATE ZIP CODE |
| Title or Position Treasurer | Image: Telephone number 202 628 1580 |

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| Full Name of Designated Agent | | | | | | | | ĺ | | | | | | | | | | | | | | | | | 1 | | |
|-------------------------------------|--|---|--|--|--|---|--|-----|---|--|--|------|-----|------|------|-----|-----|-----|--|---|--|----|-----|-----|----|---|--|
| Mailing Address | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | L | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | 1 | | | | | | | | | | | L | | | L | | | 1 | | | 1 | |
| | | | | | | | | CIT | Y | | | | | | | | ST | ATE | | | | ZI | р С | COD | θE | | |
| Title or Position | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | Tele | eph | ione | e ni | uml | ber | | | | | | | | | | |

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 c | If Stockton | | |
|---------------------------|------------------|-------|----------|
| Mailing Address | 8150 Laguna Blvd | | |
| | | | |
| | Elk Grove | | 95758 |
| | CITY | STATE | ZIP CODE |
| Name of Bank, Depository, | etc. | | |
| | | |] |
| Mailing Address | | | |
| | | | |
| | | | |
| | CITY | STATE | ZIP CODE |