**FEC** 

Only

# STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. VERN BUCHANAN FOR CONGRESS P. O. BOX 48928 ADDRESS (number and street) (Check if address is changed) Sarasota 34230-CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address todd@morganmeredith.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.vernbuchanan.com (Check if address is changed) DATE 01 2005 C00412759 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. Type or Print Name of Treasurer Meredith, David, T,, Meredith, David, T,, Date 09 01 2023 Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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

E	C Form 1 (Revised 03/2022)	Page 2
	TYPE OF COMMITTEE:	
	Candidate Committee:	
	(a) X 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 information below.)	e candidate
	Name of Candidate Buchanan, Vernon, , ,	
	Candidate Party Affiliation  Office Sought:  House Senate President	State FL District 16
	(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 Republican,	
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:
	Corporation Corporation w/o Capital Stock Labor Or	rganization
	Membership Organization Trade Association Cooperation	tive
	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 committee. (i.e., nonconnected committee)	I 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.)	
	(g) This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PA	C).
	In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint Fundraising Representative:	
	(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Committees Participating in Joint Fundraiser	
	1 C	

Treasurer

	_			
ı	FEC Form 1 (Revised 0	02/2009)		Page <b>3</b>
٧	Vrite or Type Committee Name			<u>_</u>
	<b>VERN BUCHAN</b>	AN FOR CONGRESS		
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraisir	ng Representative, or Leaders	hip PAC Sponsor
	Victory 2024			
	Mailing Address	22780 Indian Creek Dr., STE 100		
		Sterling	VA 20166-6	716
		CITY ▲	STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fu	andraising Representative	Leadership PAC Sponso
		,		
7.	Custodian of Records: Ident books and records.	ify by name, address (phone number optional) and p	position of the person in possessi	on of committee
	Buchanan,	Yvonne, M., ,		
	Full Name			
	Mailing Address	120 170th St E		
		Unit 106		
		Bradenton	FL 34212-3	002
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	Custodian of Records	Teleph	one number 941 - L	953
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasure assistant treasurer).	er of the committee; and the na	me and address of
	Full Name Meredith, Don't Treasurer	David, T, ,		1 1 1 1 1 1 1
	Mailing Address	22780 Indian Creek Dr		
		Ste 100		
		Sterling	VA 20166-6	716
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			

703

Telephone number

467

9341

Full Name of Designated Agent  Meredith, David, T, ,  Mailing Address  Ste 100  Sterling  VA 20166-6716	
Ste 100	]-
	ODE A
CITY ▲ STATE ▲ ZIP C	
Treasurer         703         -         467           -         <	_   9341
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accordance safety deposit boxes or maintains funds.	unts, rents
Name of Bank, Depository, etc.	
Access National Bank    1800 Robert Fulton Dr., STE 310	
Mailing Address  Reston  VA 20191	]-[
CITY ▲ STATE ▲ ZIP C	CODE A
Name of Bank, Depository, etc.	
American Momentum Bank	
Mailing Address Washington Avenue	
Sarasota	
	CODE A

#### : 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC' 5 'F9 DCF H Z G7 < 98 I @ 'CF' + H9 A = N5 H = CB

Form/Schedule: F1A Transaction ID:

Amend to disclose the joint fundraising representative (Victory 2024). In response to RFAI dated 8/8/23.

Form/Schedule: Transaction ID:

FEC Form 1S (Revised 02/2017)

# Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(h). Joint Fundraisi	ng Participant:				
1.			FEC ID	number	С
2.			FEC ID	number	С
3.			FEC ID	number	С
4.			FEC ID	number	C
Name of Any Connected	l Organization, Affilia	ated Committee, Joint F	Fundraising Rep	resentative	e, or Leadership PAC Spons
Mailing Address					
Relationship:		CITY A		STATE A	ZIP CODE A
Connecto		Affiliated Committee  (phone number – optional	Joint Fundraising	Representa	Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name			-	Representa	Leadership PAC Spo
Connecte  Connecte  Connecte  Connecte  Connecte  Connecte			-	Representa	Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name			-	Representa	Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name		(phone number – optiona	al)		
Connecte  Designated Agent: Identi  Full Name	fy by name, address		al)	Representa	Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name  Mailing Address	fy by name, address	(phone number – optiona	al)	STATE A	
Connecte  Designated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposit bafety deposit boxes or many part of the content o	fy by name, address	(phone number – options  CITY   or other depositories in worlda	al)	STATE A	
Connected Designated Agent: Identify Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite Safety deposit boxes or make the composition of Bank, Depository, etc.	fy by name, address  I will be a second of the second of t	(phone number – options  CITY   or other depositories in worlda	al)	STATE A	ZIP CODE A

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## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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1.			FF	C ID number	C
				C ID number	C
2.				C ID number	C
3.					
4			FE	C ID number	C
ame of Any Connected (	Organization, A	ffiliated Committee, Jo	int Fundraising	Representative	e, or Leadership PAC Spon
Mailing Address					
Relationship:		CITY ▲		STATE ▲	ZIP CODE ▲
Full Name					
Full Name					
		CITY A		STATE A	ZIP CODE A
Mailing Address	<b>V</b>	CITY A	Telephon	STATE A	ZIP CODE A
Mailing Address  TITLE OR POSITION  anks or Other Depositori	ies: List all ban		·	e Number	ZIP CODE A  s funds, holds accounts, ren
Mailing Address  TITLE OR POSITION  anks or Other Depositoriatety deposit boxes or mail	ies: List all ban		·	e Number	
Mailing Address  TITLE OR POSITION  anks or Other Depositoriatety deposit boxes or mail	ies: List all ban intains funds.	ks or other depositories	·	e Number	
Mailing Address  TITLE OR POSITION  anks or Other Depositorinatety deposit boxes or main ame of Bank, epository, etc.	ries: List all banintains funds.	ks or other depositories	·	e Number	

FEC Form 1S (Revised 02/2017)

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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		FEC ID n	umber	C
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		FEC ID n	umber	C
Organization, Affiliate	ed Committee, Joint F	undraising Repre	sentative,	or Leadership PAC Spons
	CITY A		TATE A	ZIP CODE A
		3	NAIL A	ZII GODE A
	hone number – optiona		iepresentati	Leadership PAC Sp
			lepresentati	ve Leadersnip PAC Sp
				Leadersnip PAC Sp
				Leadersnip PAC Sp
	hone number – optiona	hl)		
		hl)	ATE A	ZIP CODE A
		CITY A	CITY A S	