**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. Carolina Victory Fund 1030 15th St NW ADDRESS (number and street) #404 (Check if address is changed) Washington 20006 DC CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address ross@acuitypolitics.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2025 C00768408 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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 Thoman, Shayne,, Thoman, Shayne, , , Date 01 28 2025 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

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	TYPE OF COMMITTEE:				
	Candidate 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					
	Candidate Party Affiliation Office Sought: House Senate President	State			
	(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 organization is					
	Corporation Corporation w/o Capital Stock Labor Or	rganization			
	Membership Organization Trade Association Cooperate	tive			
	In addition, this committee is a Lobbyist/Registrant PAC.				
	(f) X 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 more political committees/organizations, at least one of which is an authorized committee of a federal candidate.				
	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.				
	Committees Participating in Joint Fundraiser				
	1. C				

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٧	Vrite or Type Committee Name	· · · · · · ·	- 3
	Carolina Victory	Fund	
3.	Name of Any Connected On ROSS, DEBORAH, ,	ganization, Affiliated Committee, Joint Fundraising Representative, or Leade	ership PAC Sponsor
		, 	
	Mailing Address	PO BOX 28258	
		RALEIGH	1
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization	Leadership PAC Sponso
	_		
7.	Custodian of Records: Identi books and records.	y by name, address (phone number optional) and position of the person in posse	ession of committee
	Thoman, S	nayne, , ,	
	Full Name		
	Mailing Address	1030 15th St NW	
		<b> </b> #404	
		Washington DC 2000	6
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼	STATE =	ZIF CODE =
	Treasurer	Telephone number	240 - 7451
3.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; and the ssistant treasurer).	name and address of
	Full Name Thoman, So	ıayne, , ,	
	Mailing Address	1030 15th St NW	
		#404 	
		Washington DC 2000	6
	Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
	Treasurer		240  -  7451

Full Name of Designated Agent  Mailing Address				
Mailing Address				
I				
CITY ▲ STATE ▲ ZIP COL	DE ▲			
Title or Position ▼				
	·			
. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds account safety deposit boxes or maintains funds.	s, rents			
Name of Bank, Depository, etc.				
Bank of America				
Mailing Address				
Raleigh				
CITY ▲ STATE ▲ ZIP COE	DE ▲			
Name of Bank, Depository, etc.				
Amalgamated Bank				
Mailing Address 1825 K St NW				
Washington DC 20006				
CITY ▲ STATE ▲ ZIP COE	DE 🛦			