

RECEIVED  
FEDERAL MAIL CENTER  
**Mississippi Victory Fund**

200 N Congress Street  
Suite 500  
Jackson, MS 39201

2018 FEB 28 AM 11:07

February 27, 2018

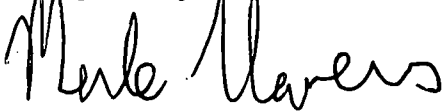
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

**Re: Form 1, Statement of Organization --- Unlimited Contributions**

To Whom It May Concern:

This correspondence issues on behalf of Mississippi Victory Fund, a newly-formed committee that is submitting the attached Form 1 Statement of Organization to the Commission. This committee intends to make independent expenditures, and consistent with the decision of the U.S. Court of Appeals for the District of Columbia Circuit in *SpeechNow v. FEC*, it therefore intends to raise funds in unlimited amounts. Mississippi Victory Fund will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,



Merle Flowers, Director/Treasurer

2018 FEB 28 AM 11:07

FEC  
FORM 1

# STATEMENT OF ORGANIZATION

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2018 FEB 28 AM 11:07

Office Use Only

1. NAME OF COMMITTEE (in full)  (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Mississippi Victory Fund

ADDRESS (number and street) 200 N Congress St., #500

(Check if address is changed)

Jackson MS 39201  
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) merle@merleflowers.com

Optional Second E-Mail Address  
merle@mississippivictoryfund.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed) mississippivictoryfund.com

2. DATE MM / DD / YYYY

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 Merle Flowers

Signature of Treasurer Merle Flowers Date 02 / 27 / 2018

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 Use Only				
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For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 06/2012)

2018-02-28 11:07 AM

5. 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  District

- (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  (Democratic, Republican, etc.) Party.

**Political Action 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 Fundraising 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.

**Committees Participating in Joint Fundraiser**

1.	_____	FEC ID number	<input type="checkbox"/>
2.	_____	FEC ID number	<input type="checkbox"/>
3.	_____	FEC ID number	<input type="checkbox"/>
4.	_____	FEC ID number	<input type="checkbox"/>

2018-02-28 PM 00:10:54 4

Write or Type Committee Name

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

\_\_\_\_\_

Mailing Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ - \_\_\_\_\_

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

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 Merle Flowers

Mailing Address 200 N Congress St., #500

\_\_\_\_\_  
Jackson MS 39201 - \_\_\_\_\_

CITY

STATE

ZIP CODE

Title or Position

Director/Treasurer Telephone number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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 Merle Flowers

Mailing Address 200 N Congress St., #500

\_\_\_\_\_  
Jackson MS 39201 - \_\_\_\_\_

CITY

STATE

ZIP CODE

Title or Position

Director/Treasurer Telephone number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

NON-FUNCTIONAL NON-PROFIT ORGANIZATION

Full Name of Designated Agent

Merle Flowers

Mailing Address

200 N Congress St., #500

Jackson

CITY

MS

STATE

39201

ZIP CODE

Title or Position

Director/Treasurer

Telephone number

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.

Trustmark National Bank

Mailing Address

246 E. Capitol Street

Jackson

CITY

MS

STATE

39201

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

2010-01-20 10:00:00 AM

5(g) or (h). **Joint Fundraising Participant:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

FEC ID number **C** \_\_\_\_\_

FEC ID number **C** \_\_\_\_\_

FEC ID number **C** \_\_\_\_\_

FEC ID number **C** \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Relationship: \_\_\_\_\_ CITY ▲ STATE ▲ ZIP CODE ▲

Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number - optional)

Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

TITLE OR POSITION ▼ \_\_\_\_\_ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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. \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

CITY ▲ STATE ▲ ZIP CODE ▲

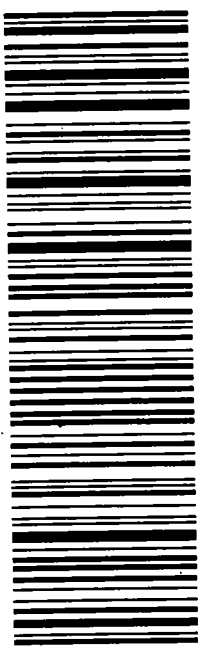
NOTICE: ON: 11/01/2017 10:00:00 AM: 0001010101

1 UNIT TO OPEN

WED - 28 FEB 10:30A  
PRIORITY OVERNIGHT

FedEx  
TRK# 8061 8237 6988  
0200

**XC RDVA**



20463  
DC-US  
IAD

RT 695  
10:30  
02:28 6988

Extremely Urgent

FTD 41770 27FEB18 OLVA 546C1/07F5/0C8A

Express US Airbill

FedEx Tracking Number 8061 8237 6988

1 From Date 2-27-18

Sender's Name Melle Flowers

Company PO Box 750

Address Southaven

City State ZIP 38671

2 Your Internal Billing Reference

3 To Recipient's Name

Company FEC

Address 999 E. Street

City Washington State DC ZIP 20463

0200

Recipient's Copy

4 Express Package Service  
NOTE: Service order has changed. Please select carefully.

- Next Business Day
- FedEx First Overnight
- FedEx Priority Overnight
- FedEx Standard Overnight
- Express Package Service
- 2 or 3 Business Days
- FedEx 2Day A.M.
- FedEx 2Day
- FedEx Express Saver

5 Packaging  
 FedEx Envelope  
 FedEx Pak  
 FedEx Box  
 FedEx Tube  
 Other

6 Special Handling and Delivery Signature Options  
 SATURDAY Delivery  
 No Signature Required  
 Direct Signature  
 Indirect Signature

7 Payment Bill to:  
 Sender  
 Recipient  
 Third Party  
 Credit Card  
 Cash/Check

fedex.com 1800.GoFedEx 1.800.463.3339

fedex.com 1800.GoFedEx 1.800.463.3339



Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fed Ex</i>	Shipping Date <i>2/27/18</i>
	Next Business Day Delivery <input checked="" type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*ES**2/28/18*

PREPARER DATE PREPARED

20180228 10:00:00 AM