Image# 201803229097926547				03/22/2018 16 : 48
FEC FORM 1	STATEMEI ORGANIZ	_		PAGE 1 / 6 —
1. NAME OF	(Check if nom-	Example of tuning tune		fice Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
FreedomWorks	Victory 2018			
ADDRESS (number and street)	PO Box 26141			
(Check if address is changed)				
is changed)	Alexandria		VA 223	13
	CITY ▲		STATE ▲	
COMMITTEE'S E-MAIL ADDR	ESS			
(Check if address is changed)	chris@electioncfo.com			<u></u>
	Optional Second E-Mail Ad	dress		
	brenda@electioncfo	.com		
COMMITTEE'S WEB PAGE AI	DDRESS (URL)			
	22 / Y Y Y Y 2018			
3. FEC IDENTIFICATION N	NUMBER ► C C	00673962		
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	t is true, correct and	complete.
Type or Print Name of Treasur	er Marston, Chris, , ,			
Signature of Treasurer	rston, Chris, , ,	[Electronically Filed]	Date 03	D D / Y Y Y Y 22 2018
NOTE: Submission of false, error	neous, or incomplete information ANY CHANGE IN INFORMATI	may subject the person signing ION SHOULD BE REPORTED V		penalties of 2 U.S.C. §437g.
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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	FEC Fo	rm 1 (Revised 02/2009)	Page 2
TYF	PE OF C	OMMITTEE	
Ca	ndidate	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. (Con information below.)	nplete the candidate
	ne of Ididate		
	ndidate ty Affiliati	on Office Sought: House Senate President	State
(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	ne of Ididate		
Pa	rty Con	imittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Pol	litical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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 s committee. (i.e., nonconnected committee)	egregated 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.)	
Joir	nt Fund	raising Representative:	
(g)	×	This committee collects contributions, pays fundraising expenses and disburses net proceeds for a 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 t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.		0573550
	2.	BLUM FOR CONGRESS	0543926
	3.	FRIENDS OF DAVE BRAT INC.	0554949
	4.	MARK GREEN FOR CONGRESS	0658385

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FEC Form 1 (Revised 02/2009)

Page 3

Write or Type Committee Name

FreedomWorks Victory 2018

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

N			
	Mailing Address		
		CITY STATE ZIP CODE	
	Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponso	r
7.	Custodian of Records: Ident books and records.	ify by name, address (phone number optional) and position of the person in possession of committee	ý
	Hankins, Br	enda, , ,	
	Mailing Address	PO Box 26141	
		Alexandria VA 22313	
	Title or Position	CITY STATE ZIP CODE	
	Assistant Treasurer	Telephone number	
8.	Treasurer: List the name and any designated agent (e.g., as	address (phone number optional) of the treasurer of the committee; and the name and address of ssistant treasurer).	
	Full Name Marston, Ch of Treasurer Image: Image	ıris, , ,	
	Mailing Address	PO Box 26141	

Alexandria	VA	
CITY	STATE	ZIP CODE
Title or Position Treasurer	Telephone number	

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FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent					1					1	I				I												
Mailing Address																											
																				L							
						(СІТ	Y									STA	ΤE				ZII	PC	COD	۶E		
Title or Position																											
												Tele	eph	one	e ni	umt	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.
------	----	-------	-------------	------

Eagle	3ank		
Mailing Address	2001 K St NW		
	Washington		20006
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE

FEC Form 1S (Revised 02/2017	optional Supplemental Ir for Lines 5(g) or (h), 6, 8		Page _5 of 6
5(g) or (h). Joint Fundraising F FRIENDS OF MIK 1. RON JOHNSON F 2. MORRISEY FOR 3. HIGH HIGH HIGH HIGH HIGH HIGH HIGH HIG	TELEE INC TOR SENATE INC	FEC ID number FEC ID number FEC ID number FEC ID number	 C 00473827 C 00482984 C 00651075 C 00509729
6. Name of Any Connected Org	ganization, Affiliated Committee, Joint Fund	Iraising Representative	e, or Leadership PAC Sponsor
Mailing Address	CITY ▲		
8. Designated Agent: Identify by	rganization Affiliated Committee Joir	nt Fundraising Representa	tive Leadership PAC Sponsor
Full Name			
TITLE OR POSITION ▼	CITY A	STATE A	ZIP CODE
	, , , , , , , , , , , , , , , , , , , ,	elephone 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.				1												1									
Mailing Address	L																								
	L																								
						C	ΊTΥ	^						S	TAT	Έ			7	ZIP	C	DD	E 🔺	•	1

FEC Form 1S (Revised 02/201)	7) Optional Supplemental Info for Lines 5(g) or (h), 6, 8 a		Page of
g)or(h). Joint Fundraising F RAND PAUL FOF 1.		FEC ID number	C C00496075
2. MATT ROSENDA		FEC ID number	C C00548289
3.		FEC ID number	С
4.		FEC ID number	С
Name of Any Connected Or	ganization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
Mailing Address			
l			
			-
Relationship:	CITY A	STATE A	
Connected O	rganization	Fundraising Representa	ative
	y name, address (phone number – optional)		
Full Name			
Mailing Address			
Mailing Address			
Mailing Address			
Mailing Address L TITLE OR POSITION ▼			

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.					1					1													
Mailing Address	L																						
	L																						
					С	ITY	′▲					S	TAT	Έ			2	ZIP	С	DD	E 🔺	•	I