Image# 12970531620 PAGE 1 / 4

| FEC FORM 1 | | STATEM ORGAN | | | | Office | Use Only | | |
|---|--------------|----------------------------------|------------------|----------------------------------|---------------|----------------|--------------|--------|--------|
| NAME OF COMMITTEE (iii | n full) | (Check if name is changed) | | ole:If typing, type ne lines. | 12FE | 4M5 | | | |
| Searchligh | it Taho | e Victory Fu | ınd | | | | | | |
| | 1 1 1 1 | | | | 1 1 1 | | | | |
| 4.D.D.D.D.D.D.D.D.D.D.D.D.D.D.D.D.D.D.D | | 700 13th Street, NW | | | | | | | |
| ADDRESS (number a | ind street) | Suite 600 | | | | | | | |
| (Check if a is changed | | Washington | | | , DC | , 20005 | | | |
| 3 2 3 3 | • | VVdSimigion | | | | | | | |
| | | | CITY | | STATE | | ZIP CO | DE | |
| COMMITTEE'S E-MA | AIL ADDRES | S (Please provide only o | one e-mail addre | ess) | | | | | |
| _ | | plgroup@perkinscoie. | com | | | | 1 1 1 | 1 1 | |
| (Check if is change | | | | | | | | | |
| | | | | | | | | | |
| COMMITTEE'S WEE | PAGE ADD | RESS (URL) | | | | | | | |
| (Check if | address | | | | | | | | |
| is change | | | | | | | | | |
| 2. DATE 0 | 3 09 | 2012 | | | | | | | |
| 3. FEC IDENTIFIC | CATION NU | MBER C | C00496893 | | | | | | |
| 4. IS THIS STATE | MENT X | NEW (N) | R 🔲 | AMENDED (A) | | | | | |
| I certify that I have | examined thi | Statement and to the | best of my kno | owledge and belief | it is true, o | correct and co | omplete. | | |
| Type or Print Name | of Treasurer | Joshua Alcorn | | | | | | | |
| Signature of Treasur | Joshua A | lcorn | [1 | Electronically Filed] | Date | 03 | 09 | 20 | Y Y Y |
| NOTE: Submission of | | ous, or incomplete informations. | | | | | nalties of 2 | U.S.C. | §437g. |
| Office | <i>`</i> | | | or further information | | | EC EO | 284 4 | |

| | Office | | | For further information contact: | FEC FORM 1 |
|--|--------|--|--|--|-------------------|
| | Use | | | Federal Election Commission | |
| | Only | | | Toll Free 800-424-9530 Local 202-694-1100 | (Revised 02/2009) |

| ı | FEC Fo | orm 1 (Revised 02/2009) | Page 2 |
|--------------|-----------------------|--|--|
| | | 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. (Cominformation below.) | plete the candidate |
| Name Cand | e of didate | | |
| | didate / Affiliati | ion Office Sought: House Senate President | State |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Name Cand | e of didate | | |
| Pari | ty Con | nmittee: | (Dama anatia |
| (d) | | · · · · · · · · · · · · · · · · · · · | (Democratic, Republican, etc.) Party. |
| Poli | tical A | Action Committee (PAC): | |
| (e) | | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con- | nected organization is a: |
| | | 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 secommittee. (i.e., nonconnected committee) | gregated 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.) | |
| Join | t Func | draising Representative: | |
| (g) | × | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate. | o or more political |
| (h) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate. | o or more political |
| | Com | nmittees Participating in Joint Fundraiser | |
| | 1. | Montanans for Tester C C00 | 412304 |
| | 2. | Bob Casey for Senate Inc. FEC ID number C C00 | 431056 |
| | 3. | Searchlight Leadership Fund FEC ID number C C000 | 327395 |
| | 4. | | |

| FEC Form | 1 (Revised 02/2009) | age 3 |
|---------------------------|---|----------------|
| Write or Type Comr | mittee Name | |
| Searchlig | ht Tahoe Victory Fund | |
| 6. Name of Any C | Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PA | C Sponsor |
| NONE | | |
| | <u> </u> | |
| | | |
| Mailing Address | | |
| | | |
| | CITY STATE ZIP CO | |
| | | |
| Relationship: | Connected Organization Affiliated Committee Joint Fundraising Representative Leadership | p PAC Sponsor |
| | | |
| books and record | ecords: Identify by name, address (phone number optional) and position of the person in possession ds. | n of committee |
| | Joshua Alcorn | |
| Full Name | ,700 13th Street, NW | |
| Mailing Address | Suite 600 | |
| | Washington , DC , 20005 | |
| | Washington 20 | |
| Title or Position | CITY STATE ZIP CO | ODE |
| Treasurer | | _ |
| | Telephone number | |
| Treasurer: List the | the name and address (phone number optional) of the treasurer of the committee; and the name and agent (e.g., assistant treasurer). | d address of |
| | | |
| Full Name of Treasurer | Joshua Alcorn | |
| Mailing Address | 700 13th Street, NW | |
| | Suite 600 | |
| | Washington DC 20005 | |
| Title or Position | CITY STATE ZIP CO | DDE |
| Treasurer | | |
| | Telephone number | |

| FEC FOR | n 1 (Revised 02/2009) | Page 4 |
|--|--|------------------------------|
| | | |
| Full Name of Designated | | |
| Agent | | |
| Mailing Address | | |
| | | |
| | CITY STATE | ZIP CODE |
| Title or Position | | |
| | Telephone number | |
| | | ls accounts, rents |
| safety deposit bo | oxes or maintains funds. | s accounts, rents |
| safety deposit bo Name of Bank, I | Depository, etc. Citibank 1400 G Street, NW | Is accounts, rents ZIP CODE |
| safety deposit bo Name of Bank, I | Depository, etc. Citibank 1400 G Street, NW Washington CITY STATE | |
| safety deposit bo Name of Bank, I Mailing Address | Depository, etc. Citibank 1400 G Street, NW Washington CITY STATE Depository, etc. | |
| safety deposit bo Name of Bank, I Mailing Address Name of Bank, I | Depository, etc. Citibank 1400 G Street, NW Washington CITY STATE | |
| safety deposit bo Name of Bank, I Mailing Address | Depository, etc. Citibank 1400 G Street, NW Washington CITY STATE Depository, etc. | |
| safety deposit bo Name of Bank, I Mailing Address Name of Bank, I | Depository, etc. Citibank 1400 G Street, NW Washington CITY STATE Depository, etc. | |
| safety deposit bo Name of Bank, I Mailing Address Name of Bank, I | Depository, etc. Citibank 1400 G Street, NW Washington CITY STATE Depository, etc. | |