Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. YOUNG VICTORY COMMITTEE PO BOX 3743 ADDRESS (number and street) (Check if address is changed) CARMEL 46082 IN CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS YVC@BROGHAMERLLC.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 02 2021 C00696484 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. BROGHAMER, KEVIN, , , Type or Print Name of Treasurer BROGHAMER, KEVIN, , , [Electronically Filed] 12 2021 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. 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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		OMMITTEE	
Car	ndidate	Committee:	
(a)	Ш	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.)	olete the candidate
	ne of didate		
	didate y Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	ne of didate		
Par	ty Con	nmittee:	
(d)		(National, State	Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
			Cooperative
(6)	_	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	Ш	This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (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.)	
Joir	nt Fund	raising 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	mittees Participating in Joint Fundraiser	
	1.	FRIENDS OF TODD YOUNG, INC. FEC ID number C C004	159255
	2.	NRSC FEC ID number C C000	027466
	3.		551853
	4.	INDIANA REPUBLICAN STATE COMMITTEE, INC. FEC ID number C C000	06486

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Write or Type Committee N	Name	
YOUNG VICT	TORY COMMITTEE	
6. Name of Any Connect	ted Organization, Affiliated Committee, Joint Fundraising Representative	, or Leadership PAC Sponsor
NONE		
<u> </u>	<u> </u>	<u> </u>
Mailing Address		
Mailing Address		
		1
	CITY STATE	ZIP CODE
Relationship: Conne	nected Organization Affiliated Committee Joint Fundraising Representa	ative Leadership PAC Sponsor
		_
	dentify by name, address (phone number optional) and position of the p	person in possession of committee
books and records.		
Full Name BROG	GHAMER, KEVIN, , ,	
Mailing Address	PO BOX 3743	
	CARMEL	46082
Title or Position	CITY STATE	ZIP CODE
TREASURER	1	
	Telephone number	
Treasurer: List the name any designated agent (e.	e and address (phone number optional) of the treasurer of the committee	; and the name and address of
Full Name BROG of Treasurer	GHAMER, KEVIN, , ,	
Mailing Address	PO BOX 3743	
	CARMEL	46082
Title or Position	CITY STATE	ZIP CODE
TREASURER	Telephone number	

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Full Name of Designated	BROGHAMER, KEVIN, , ,	
Agent	PO BOX 3743	
Mailing Address		
	CARMEL 46082	
	CITY STATE	ZIP CODE
Title or Position TREASURER		
Mailing Address	CHAIN BRIDGE BANK 1445-A LAUGHLIN AVE	
Mailing Address	,1445-A LAUGHLIN AVE	
Mailing Address	1445-A LAUGHLIN AVE	ZIP CODE
Mailing Address Name of Bank, I	1445-A LAUGHLIN AVE MCLEAN CITY STATE	ZIP CODE
	1445-A LAUGHLIN AVE MCLEAN CITY STATE	ZIP CODE
	1445-A LAUGHLIN AVE MCLEAN CITY STATE Depository, etc.	ZIP CODE
Name of Bank, I	1445-A LAUGHLIN AVE MCLEAN CITY STATE Depository, etc.	ZIP CODE
Name of Bank, I	1445-A LAUGHLIN AVE MCLEAN CITY STATE Depository, etc.	ZIP CODE