Image# 201808239121514624				00/23/2010 15.50
FEC FORM 1	STATEME ORGANIZ	_		PAGE 1 / 4 🗕
			O	ffice Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
Longjohn Victory	Fund			
	PO Box 15320			
ADDRESS (number and street)				
(Check if address is changed)				
<i>,</i>	Washington			003
	CITY A		STATE A	ZIP CODE A
COMMITTEE'S E-MAIL ADDRE	ESS			
(Check if address is changed)	pac@nextlevelpartners			
	Optional Second E-Mail Ad	dress		
(Check if address is changed)				
2. DATE 08 2	D / Y Y Y Y 3 2018			
3. FEC IDENTIFICATION N	UMBER ► C c	00686030		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
certify that I have examined t	nis statement and to the best	of my knowledge and belief i	i is true, correct and	i complete.
Type or Print Name of Treasure	May, Jennifer, , ,			
Signature of Treasurer May,	Jennifer, , ,	[Electronically Filed]	Date 08	23 / Y Y Y 2018
NOTE: Submission of false, erron		may subject the person signing ON SHOULD BE REPORTED \		penalties of 2 U.S.C. §437
Office Use Only		For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

08/23/2018 15 : 50

 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 information below.) Name of Candidate Candidate Office Sought: House Senate President Distr (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Candidate Mame of Ma	age 2
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 information below.) Name of Candidate Office Party Affiliation Office Sought: House Senate President Distr (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Image: Committee is a line in the president of the line is a line in the president of t	
(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 information below.) Name of Candidate Office Party Affiliation Office Sought: House Senate President Distr (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Image: Committee supports only one candidate, and is NOT an authorized committee. Party Committee: (National, State or subordinate) committee of the (d) This committee is a Image: Committee of the	
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.) Name of Candidate Office Candidate Office Party Affiliation Office Sought: House Senate President Distr (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate House Party Committee: (National, State (d) This committee is a	
Information below.) Name of Candidate Party Affiliation Office Sought: House Senate President Distr (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	
Candidate Candidate Party Affiliation Candidate Office Sought: House Senate President Distr (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 (Democra Republica	candidate
Party Affiliation Sought: House Senate President Distr (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 Peruperuperuperuperuperuperuperuperuperup	
Name of Candidate Image: Name of Candidate Party Committee: (National, State or subordinate) committee of the commi	_
Candidate Party Committee: (d) This committee is a (National, State or subordinate) committee of the Republica	
(d) This committee is a (National, State or subordinate) committee of the Republica	
(d) This committee is a or subordinate) committee of the Republica	
Political Action Committee (PAC):	atic, an, etc.) Party.
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected or	ganization is a
Corporation Corporation w/o Capital Stock	Organization
Membership Organization Trade Association Cooper	ative
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 committee. (i.e., nonconnected committee)	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.)	
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, at least one of which is an authorized committee of a federal candidate.	e political
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, none of which is an authorized committee of a federal candidate.	Political
Committees Participating in Joint Fundraiser	
MATT LONGJOHN FOR CONGRESS 1. FEC ID number C C00650689	
MICHIGAN DEMOCRATIC STATE CENTRAL COMMITEE 2 FEC ID number C C00031054	
3 FEC ID number C	
4 FEC ID number C	

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Write or Type Committee Name

Longjohn Victory Fund

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

N					
	Mailing Address				
		CITY		STATE	ZIP CODE
	Relationship: Connected	d Organization Affiliated Committee J	loint Fundraising	g Representative	Leadership PAC Sponsor
7.	Custodian of Records: Iden books and records.	tify by name, address (phone number opt	ional) and posi	tion of the person in	possession of committee
	May, Jenn	ifer, , ,			
	Full Name				
	Mailing Address	PO Box 15320			
		Washington		DC 2000	03

Mailing Address	PO Box 15320		
	Washington		20003
Title or Position	CITY	STATE	ZIP CODE
Treasurer		Telephone number	02 505 1657

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	May, Jennifer, , ,
Mailing Address	PO Box 15320
	Washington DC 20003
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number 202 505 1657

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Full Name of Designated Agent																			1								
Mailing Address																											
																L				L					L		
							CI	TΥ								ST	ATE					ZI	P (DE		
Title or Position																											
											Tele	eph	one	e n	um	ber		L			 - [_						

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.

Ba	Ink of America	
Mailing Address	201 Pennsylvania Ave, SE	
	Washington	
	CITY	STATE ZIP CODE
Name of Bank, Depos	sitory, etc.	
Mailing Address		
	CITY	STATE ZIP CODE