

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

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

12FE4M5

Love Victory Committee

ADDRESS (number and street)

PO Box 2485

(Check if address is changed)

Springfield

VA

22152

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

lovevc@concentricoffice.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

03 / 07 / 2018

3. FEC IDENTIFICATION NUMBER ►

C C00592329

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 Carlin, Robert, F., ,

Signature of Treasurer

Carlin, Robert, F., ,

[Electronically Filed]

Date

03 / 07 / 2018

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.

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|-----------------|--|--|--|--|
| Office Use Only | | | | |
|-----------------|--|--|--|--|

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

FEC FORM 1 (Revised 06/2012)

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. FRIENDS OF MIA LOVE _____ FEC ID number C00505776
2. LIMITED GOVERNMENT, OPPORTUNITY AND VALUES PAC
(LOV PAC) _____ FEC ID number C00541680
3. UTAH REPUBLICAN PARTY _____ FEC ID number C00089482
4. NRCC _____ FEC ID number C00075820

Write or Type Committee Name

Love Victory Committee

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

NONE

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 Carlin, Sue, , ,

Mailing Address 8136 Old Keene Mill Road

Suite A300

Springfield

VA

22152

Title or Position

CITY

STATE

ZIP CODE

Asst. Treasurer

Telephone number 703 - 569 - 9481

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 Carlin, Robert, F., ,

Mailing Address PO Box 2485

Springfield

VA

22152

Title or Position Treasurer

CITY

STATE

ZIP CODE

Telephone number 703 - 569 - 9482

Full Name of Designated Agent: Carlin, Sue, , ,
 Mailing Address: 8136 Old Keene Mill Road
 Suite A300
 Springfield VA 22152
 CITY STATE ZIP CODE
 Title or Position: Asst. Treasurer
 Telephone number: 703 - 569 - 9481

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.

BB&T

Mailing Address: 1909 K Street, NW
 Washington DC 20006
 CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address:
 CITY STATE ZIP CODE