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STATEMENT OF **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. Cramer-Hawley Victory Fund PO Box 26141 ADDRESS (number and street) (Check if address is changed) Alexandria 22313 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS .chris@electioncfo.com (Check if address is changed) Optional Second E-Mail Address brenda@electioncfo.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2018 C00685321 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. Marston, Chris, , , Type or Print Name of Treasurer Marston, Chris,,, [Electronically Filed] 80 2018 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 Only Local 202-694-1100

ı	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
Can	ididate	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.)	plete the candidate
Name Cand	e of didate		
	didate / Affiliation	Office Sought: House Senate President	State
			District
(c)	Ш	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of lidate		
Part	ty Com	nmittee:	
(d)			(Democratic, Republican, etc.) Party.
Poli	tical 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
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		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.)	
Join	t 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.	CRAMER FOR SENATE	504704
	2.	JOSH HAWLEY FOR SENATE FEC ID number C C006	652727
	3.	BADLANDS PAC FEC ID number C C008	543207
	4.		

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Write or Type Committee I		<u> </u>
Cramer-Haw	ley Victory Fund	
	ted Organization, Affiliated Committee, Joint Fundraising Representa	ntive, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STAT	E ZIP CODE
Relationship: Conn	ected Organization Affiliated Committee Joint Fundraising Repres	sentative Leadership PAC Sponsor
Custodian of Records: books and records.	: Identify by name, address (phone number optional) and position of the	he person in possession of committee
	ins, Brenda, , ,	
Full Name	PO Box 26141	
Mailing Address		
	Alexandria	22313
Title or Position	CITY STATE	ZIP CODE
Assistant Treasurer	Telephone number	
. Treasurer: List the nam any designated agent (e	e and address (phone number optional) of the treasurer of the commence.g., assistant treasurer).	ittee; and the name and address of
	on, Chris, , ,	
of Treasurer	PO Box 26141	
Mailing Address		
	. Alamadia	00040
	Alexandria	
Title or Position Treasurer	CITY STATE	ZIP CODE
	Telephone number	

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Full Name of Designated Agent	1	
Mailing Address		
3		
	CITY STATE	ZIP CODE
Title or Position		ZII OOBE
	Telephone number	
Banks or Other safety deposit b Name of Bank,	Pr Depositories: List all banks or other depositories in which the committee deposits funds, however or maintains funds. Depository, etc.	lds accounts, rents
safety deposit b Name of Bank,	Depository, etc. Eagle Bank	lds accounts, rents
safety deposit b	Depository, etc. Eagle Bank	lds accounts, rents
safety deposit b Name of Bank,	Depository, etc. Eagle Bank	
safety deposit b Name of Bank,	Depository, etc. Eagle Bank 2001 K St NW	
safety deposit b Name of Bank,	Depository, etc. Eagle Bank 2001 K St NW Washington CITY STATE	
safety deposit b Name of Bank, Mailing Address	Depository, etc. Eagle Bank 2001 K St NW Washington CITY STATE Depository, etc.	ZIP CODE
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. Eagle Bank 2001 K St NW Washington CITY STATE Depository, etc.	ZIP CODE
safety deposit b Name of Bank, Mailing Address	Depository, etc. Eagle Bank 2001 K St NW Washington CITY STATE Depository, etc.	ZIP CODE
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. Eagle Bank 2001 K St NW Washington CITY STATE Depository, etc.	ZIP CODE