Image# 201807119115315694				07/11/2018 16 : 52
FEC FORM 1	STATEMEI ORGANIZ			PAGE 1 / 4 🗕
			Offic	e Use Only
I. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
	441 N Lee Street			
ADDRESS (number and street)	Suite 100			
is changed)				
	Alexandria			
	CITY A		STATE 🔺	ZIP CODE▲
COMMITTEE'S E-MAIL ADDR	ESS			
(Check if address	notices@feccr.com			
is changed)	Optional Second E Mail Ad	draca		
	Optional Second E-Mail Ad			
<ul> <li>(Check if address is changed)</li> </ul>				
	11 / Y Y Y Y 2018			
3. FEC IDENTIFICATION N	NUMBER ► C C	00618140		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
certify that I have examined	this Statement and to the best	of my knowledge and belief	it is true, correct and c	complete.
		-		
ype or Print Name of Treasur	er Needham, Christina, , ,			
Signature of Treasurer Mee	dham, Christina, , ,	[Electronically Filed]	Date 07	D D / Y Y Y Z 11 2018
NOTE: Submission of false, erro	neous, or incomplete information ANY CHANGE IN INFORMATI	may subject the person signing		enalties of 2 U.S.C. §437
Office Use Only		For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100	sion	EC FORM 1 (Revised 06/2012)

07/11/2018 16 : 52

FEC Form 1 (Revised 02/2009)	Page 2		
TYPE OF COMMITTEE Candidate Committee:			
(a) This committee is a principal campaign committee. (Complete the candidate information bel	low.)		
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Committee) information below.)	Complete the candidate		
Name of Candidate			
Candidate Office Sought: House Senate Presider	State		
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee	2.		
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		
Corporation V/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 separat committee. (i.e., nonconnected committee)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or part committee. (i.e., nonconnected committee)		
In addition, this committee is a Lobbyist/Registrant PAC.	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 f committees/organizations, at least one of which is an authorized committee of a federal candidates and the committee of a federal candidates a			
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	or two or more political		
Committees Participating in Joint Fundraiser			
1 FEC ID number C			
2 FEC ID number			
3 FEC ID number C			
4.			

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

## GARY JOHNSON VICTORY FUND

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

Mailing Address			
	CITY	STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraisi	ing 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.

Mangini, F	ptra, , ,
Full Name	
Mailing Address	441 N Lee Street
	Suite 300
	Alexandria VA 22314
Title or Position	CITY STATE ZIP CODE
Assistant Treasurer	Telephone number

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	Needham, Christina, , ,
of Treasurer	
Mailing Address	441 N Lee Street
	Suite 300
	Alexandria
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number     571     207     6451

Full Name of Designated Agent	Mangini, Petra, , ,	
Mailing Address	441 N Lee Street	
	Suite 300	
	Alexandria VA 22314	
	CITY STATE ZIP C	ODE

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.

	Access National Bank	
Mailing Address	4221 Walney Rd	
	Ste 120	
	Chantilly	VA 20151 – I – I – I – I – I – I – I – I – I –
	CITY	STATE ZIP CODE
Name of Bank, D	epository, etc.	
Mailing Address		
	CITY	STATE ZIP CODE