## FEC FORM

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Use

Only

## STATEMENT OF ORGANIZATION

SECRETARY OF THE SENATE

FORM 1 Offide Usa ponty NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. ONW Victory 2016 611 Pennsylvania Avenue SE ADDRESS (number and street) Ste. 143 (Check if address 20003 Washington DC is changed) ZIP CODE STATE CITY COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) Idecot@mbacg.com (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE FEC IDENTIFICATION NUMBER 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. Lauren Decot Type or Print Name of Treasurer Lamen Date Signature of Treasurer 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

Toll Free 800-424-9530

Local 202-694-1100

(Revised 02/2009)

This committee is a principal campaign committee. (Complete the candidate information below.)

House

Office

Sought:

This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate

Senate

Page 2

State

District

President

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FEC Form 1 (Revised 02/2009)

information below.)

TYPE OF COMMITTEE **Candidate Committee:** 

(a)

(b)

(c)

Name of Candidate

Candidate

Party Affiliation

FEC Form 1 (Revised 02/2009)  Write or Type Committee Name	Page 3
ONW Victory 2016	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	ship PAC Sponsor
Mailing Address	
CITY STATE	ZIP CODE
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative	eadership PAC Sponsor
<ol> <li>Custodian of Records: Identify by name, address (phone number optional) and position of the person in pobooks and records.</li> </ol>	ossession of committee
Lauren Decot	1
Full Name  611 Pennsylvania Avenue SE  Mailing Address	
Ste. 143	
Washington DC 2000	3
Title or Position CiTY STATE	ZIP CODE
Treasurer  Telephone number	552 - 0171
8. <b>Treasurer:</b> List the name and address (phone number optional) of the treasurer of the committee; and the name designated agent (e.g., assistant treasurer).	ame and address of
Full Name Lauren Decot of Treasurer	
Mailing Address  611 Pennsylvania Avenue SE	
<sub>،</sub> Ste. 143	
Moobington 50	
Washington DC 2000  CITY STATE	3 

Full Name of		WHO WELL WITH THE PROPERTY OF		
Designated Steve Mele Agent Lililililililililililililililililililil				
Mailing Address	611 Pennsylvania Avenue SE			
	Ste. 143			
	Washington CITY	DC 2 STATE	20003 	
Assistant Trea	<b>SUFET</b>	ephone number 202	552 	
Banks or Other Dep	ositories: List all banks or other depositories in which	the committee deposits fund	is, holds accounts, rents	
Name of Bank, Depo				
A	malgamated Bank			
Mailing Address	1825 K Street NW			
	Woohington	DC (	20006	
	Washington	PC	20006	
	CITY	STATE	ZIP CODE	
Name of Bank, Depo	sitory, etc.			
L				
Mailing Address				
			<u> </u>	
	СІТҮ	STATE	ZIP CODE	

## **Hand Delivered**

DANA K. MACCALLUM SUPERINTENDENT HART SENATE OFFICE BUILDING SUITE 232 WASHINGTON, DC 20510-7311 PHONE [202] 224-0322

## United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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