FEC FORM 1

STATEMENT OF **ORGANIZATION**

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			FEUT	Office Use Only	
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5		
RCP VICTORY	FUND REVITAI	LIZING CALIFO	RNIA PF	ROSPERITY	
<u></u>	<u> </u>		<u> </u>		
ADDRESS (number and street)	PO BOX 11823		 	<u> </u>	
(Check if address is changed)	BAKERSFIELD CA 93389				
		CITY	STATE	ZIP CODE	
COMMITTEE'S E-MAIL ADDRES (Check if address is changed)	SS (Please provide only one e info@campaignfinand				
COMMITTEE'S WEB PAGE ADI	DRESS (URL)				
(Check if address is changed)		<u> </u>			
2. DATE 10 15	5 2012				
3. FEC IDENTIFICATION N	JMBER C C	00520395			
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)			
I certify that I have examined the	is Statement and to the best	of my knowledge and belief	it is true, correct	and complete.	
Type or Print Name of Treasure	Jill Thomuson		-	tirakan nyarahan sahan sahan sahan saharan saharan saharan saharan saharan saharan saharan saharan saharan sah	
Signature of Treasurer Jill Tho	om, son	WM	Date 10	15 2012	
NOTE: Submission of false, errore	aous, or incomplete information ANY CHANGE IN INFORMATI			the penalties of 2 U.S.C. §437g.	
Office Use Only		For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)	

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		OMMITTEE				
Cen	ndidate	Committae:				
(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.)				
Nam Cano	e of didate					
	didate y Affiliati	on Sought: House Senate President	State CA District			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Nam Cand	e of didate					
Par	ty Con	nmittee:				
(d)			(Democratic, Republican, etc.) Party.			
Poli	itical 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 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	gregated fund or party			
	value	committee. (i.e., nonconnected committee)				
		In addition, this dominilities is a Leoboyist/Rogistrant PAC.				
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Join	nt 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 eandidate.	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.	MARY BONO MACK COMMITTEE FEC ID number C C00	332890			
	2.	C00	173272			
	3.	LUNGREN FOR CONGRESS	390955			
	4.					

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Write or Type Committee Name							
RCP VICTORY FUND REVITALIZING CALIFORNIA PROSPERITY 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundralising Representative, or Leadership PAC Opponsor							
•							
NONE							
Mailing Address							
		-[
	CITY STATE ZIP CO	DDE					
Relationship:	d Organization Affiliated Committee Juliont Fundraising Representative Leadership	PAC Sponsor					
 Custodian of Records: Iden books and records. 	ntify by name, address (phone number optional) and position of the person in possession	of committee					
1 ' -	Financial Services	1					
Full Name	PO Box 30844						
Mailing Address							
	Bethesda , MD , 20824 ,						
Title or Position	CITY STATE ZIP CO	DE					
	Telephone number						
8. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name and assistant treasurer).	address of					
Full Name Jill Thomso	on 						
Mailing Address	PO Box 30844						
	Bethesda [MD] [20824]	-[]					
Title or Position	CITY STATE ZIP CO	DDE					
l	Telephone number	-1 1					

Full Name of Designated Agent Link			
Designated Agent			
Agent LIII			
Mailing Address			
3			
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		لــــا	
	CITY	STATE	ZIP CODE
Title or Position	1	1	
	Telephone n	umber	
safety deposit boxes or			
Name of Bank, Deposito	J. J. C.C.		
Citiz	zens Business Bank	1 1 1 1	
Mailing Address	3911 Coffee Road		
· ·		1 1 1 1	
	Bakersfield	I CA I	93314
			
	CITY	STATE	ZIP CODE
			ZIF CODE
Name of Bank, Deposit	ory, etc.		ZIF CODE
Name of Bank, Deposit	ory, etc.	****	ZIF GODE
Name of Bank, Deposit	ory, etc.		ZIF CODE
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Name of Bank, Deposite	ory, etc.		
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USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation [™] or Sig	nature Confirmation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery
Received from House Records & Registration	Date of Receipt on Office
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
July	10/31/12
PREPARER (2/2005)	DATE PREPARED

(3/2005)