PAGE 1 / 4

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. Santarsiero Victory Fund P.O. Box 249 ADDRESS (number and street) (Check if address is changed) Newtown 18940 PΑ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS lora@bluewavepolitics.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2016 C00624130 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. Lora Haggard Type or Print Name of Treasurer Lora Haggard [Electronically Filed] 80 17 2016 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

F	EC Fo	rm 1 (Revised 02/2009)	Page <b>2</b>		
		OMMITTEE			
Can	didate	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. (Compinformation below.)	plete the candidate		
Name Cand					
Cand Party	lidate Affiliatio	Office Sought: House Senate President	State		
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.			
Name Cand					
Parl	y Con	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 cont	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.	Cooperative		
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segment of the supports of the support	predated fund or party		
(1)	ш	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 tw 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		
	Committees Participating in Joint Fundraiser				
	1.	SANTARSIERO FOR CONGRESS FEC ID number C C005	71455		
	2.	PENNSYLVANIA DEMOCRATIC PARTY  FEC ID number C C001	67130		
	3.	FEC ID number			
	4.				

FEC <b>Form 1</b> (Revis	sed 02/2009)	   Page <b>3</b>
Write or Type Committee N		- U
Santarsiero V	ictory Fund	
	ed Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	adership PAC Sponsor
NONE		
Mailing Address		
Ü		
	CITY STATE	ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the person in	n possession of committee
Lora F Full Name	Haggard	
	1100 Market Street	
Mailing Address	S400	
	Chattanooga TN 374	102
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	- 443 - 3308
. <b>Treasurer:</b> List the name any designated agent (e.	e and address (phone number optional) of the treasurer of the committee; and the g., assistant treasurer).	ne name and address of
Full Name Lora H	laggard	
Mailing Address	1100 Market Street	
	[S400	
	Chattanooga   TN   374	02
Title or Position Treasurer	CITY STATE  Telephone number   423	ZIP CODE
	Telephone number	

FEC Form 1 (Re	evised 02/2009)		Page <b>4</b>
Full Name of Designated Sally Agent	Thompson		
Mailing Address	P.O. Box 249		
	Newtown CITY	PA 18940 STATE	ZIP CODE
Title or Position Asst. Treasurer		Telephone number	
safety deposit boxes or Name of Bank, Deposit		ят але солитисе асрозие тапаз, по	
safety deposit boxes or Name of Bank, Deposit	maintains funds.		
safety deposit boxes or Name of Bank, Deposit	maintains funds. ory, etc.		
safety deposit boxes or Name of Bank, Deposit	maintains funds. ory, etc.	PA 19047	
safety deposit boxes or Name of Bank, Deposit	maintains funds. ory, etc.  Ils Fargo  1420 East Lincoln Parkway		
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safety deposit boxes or Name of Bank, Deposit  Wel  Mailing Address  Name of Bank, Deposit	maintains funds. ory, etc.  Ils Fargo  1420 East Lincoln Parkway  Newtown  CITY	PA 19047	
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safety deposit boxes or Name of Bank, Deposit  Wel  Mailing Address  Name of Bank, Deposit	maintains funds. ory, etc.  Ils Fargo  1420 East Lincoln Parkway  Newtown  CITY  ory, etc.	PA 19047  STATE	
safety deposit boxes or Name of Bank, Deposit  Wel  Mailing Address  Name of Bank, Deposit	maintains funds. ory, etc.  Ils Fargo  1420 East Lincoln Parkway  Newtown  CITY  ory, etc.	PA 19047  STATE	