

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED 2013 SEP 10 PM 1:45

Office Use Only FEDERAL MAIL CENTER

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

RADEL VICTORY COMMITTEE

ADDRESS (number and street)

PO BOX 57

(Check if address is changed)

NEW PORT RICHEY

CITY

FL

STATE

34656

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

COMPLIANCE@COMPLIANCECONSULTINGVA.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

09 / 09 / 2013

3. FEC IDENTIFICATION NUMBER

C

4. 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.

Type or Print Name of Treasurer CABELL HOBBS

Signature of Treasurer

CABELL HOBBS

Cabell Hobbs

Date

09 / 09 / 2013

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 Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

13031113746

5. TYPE OF COMMITTEE

Candidate 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. (Complete the candidate information below.)

Name of Candidate **HENRY J. RADEL, III**

Candidate Party Affiliation Office Sought: House Senate President State FL District 19

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

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 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 segregated fund or party committee. (i.e., nonconnected committee)
 - 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 for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE	FEC ID number	<input type="checkbox"/> C00075820
2.	CATALYST PAC	FEC ID number	<input type="checkbox"/> C00544411
3.	FRIENDS OF TREY RADEL	FEC ID number	<input type="checkbox"/> C00510768
4.		FEC ID number	<input type="checkbox"/> C

13031113747

Write or Type Committee Name

RADEL VICTORY COMMITTEE

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

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising 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.

Full Name MELODIE JOHNSON

Mailing Address PO BOX 57

NEW PORT RICHEY FL 34656

CITY STATE ZIP CODE

Title or Position

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 of Treasurer CABELL HOBBS

Mailing Address PO BOX 57

NEW PORT RICHEY FL 34656

CITY STATE ZIP CODE

Title or Position TREASURER Telephone number

13031113748

Full Name of Designated Agent MELODIE JOHNSON

Mailing Address PO BOX 57 NEW PORT RICHEY FL 34656 CITY STATE ZIP CODE

Title or Position ASSISTANT TREASURER Telephone number

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.

FIFTH THIRD BANK

Mailing Address 1701 BOY SCOUT RD FORT MYERS FL 33907 CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address CITY STATE ZIP CODE

13031113749

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered

Date of Receipt

9/10/13

USPS First Class Mail

Postmarked

USPS Registered/Certified

Postmarked (R/C)

USPS Priority Mail

Postmarked

USPS Priority Mail Express

Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify):

Shipping Date

Next Business Day Delivery

Received from House Records & Registration Office

Date of Receipt

Received from Senate Public Records Office

Date of Receipt

Received from Electronic Filing Office

Date of Receipt

Other (Specify):

Date of Receipt or Postmarked

PREPARER

9/10/13

DATE PREPARED

(8/2013)

13031113750