Only

STATEMENT OF

PAGE 1 / 4

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. Cunningham Victory Fund PO Box 21012 ADDRESS (number and street) (Check if address is changed) Charleston 29413 SC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS solander@capcompliance.com (Check if address is changed) Optional Second E-Mail Address zamore@capcompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 25 2019 C00686782 FEC IDENTIFICATION NUMBER > 3. 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. Solander, Kristin, , , Type or Print Name of Treasurer Solander, Kristin, , , [Electronically Filed] 01 25 2019 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

Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
Can	ididate	Committee:	
(a)	Ш	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
Nam Cand	e of didate		
	didate / Affiliation	Office on Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Nam Cand	e of didate		
Par	ty 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 confi	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.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (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 two 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
	Com	mittees Participating in Joint Fundraiser	
	1.	Democratic Party of South Carolina	07658
	2.	JOE CUNNINGHAM FOR CONGRESS FEC ID number C C006	50507
	3.	FEC ID number	
	4.		

FEC Form 1 (Davised 0	2/2000)	Page 3
FEC Form 1 (Revised 0) Write or Type Committee Name		rage 3
Cunningham Vid		
_	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadersl	hin PAC Sponsor
	iganization, Annated Committee, John Fundralsing Representative, of Ecadersi	iip i Ao Spoilsoi
NONE		
Mailing Address		
		-
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Lea	adership PAC Sponsor
. Custodian of Records: Ident books and records.	tify by name, address (phone number optional) and position of the person in pos	session of committee
Solander, K	(ristin, , ,	1
	918 Pennsylvania Ave SE	
Mailing Address		
	Washington DC 20003	
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	
B. Treasurer: List the name and any designated agent (e.g., as	address (phone number optional) of the treasurer of the committee; and the nar ssistant treasurer).	me and address of
Full Name Solander, K	ristin, , ,	1
of Treasurer	918 Pennsylvania Ave SE	
Mailing Address	<u> </u>	
	L Washington	
	Washington DC 20003 CITY STATE	ZIP CODE
Title or Position Treasurer		544 - 6960

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of Designated Za	amore, Judith, , ,	
Mailing Address	918 Pennsylvania Ave SE	
	Washington DC 20003 CITY STATE	ZIP CODE
Title or Position Asst. Treasurer		
safety deposit boxes Name of Bank, Depo		accounts, rents
safety deposit boxes Name of Bank, Depo	ository, etc.	
safety deposit boxes Name of Bank, Depo	s or maintains funds. ository, etc. Bank of America	
safety deposit boxes Name of Bank, Depo	s or maintains funds. ository, etc. Bank of America	accounts, rents
safety deposit boxes Name of Bank, Depo	Sor maintains funds. ository, etc. Sank of America 2275 Ashley Crossing Dr Charleston SC 29414	ZIP CODE
safety deposit boxes Name of Bank, Depo	Sor maintains funds. ository, etc. Bank of America 2275 Ashley Crossing Dr Charleston CITY STATE	
safety deposit boxes Name of Bank, Depo	Sor maintains funds. ository, etc. Bank of America 2275 Ashley Crossing Dr Charleston CITY STATE	
safety deposit boxes Name of Bank, Depo	Sor maintains funds. ository, etc. Bank of America 2275 Ashley Crossing Dr Charleston CITY STATE	
safety deposit boxes Name of Bank, Depo	Sor maintains funds. ository, etc. Bank of America 2275 Ashley Crossing Dr Charleston CITY STATE	
safety deposit boxes Name of Bank, Depo	Sor maintains funds. ository, etc. Bank of America 2275 Ashley Crossing Dr Charleston CITY STATE	