

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------|
| 1. (a) NAME OF COMMITTEE IN FULL Victory U.S.A. (b) Number and Street Address 555 Capitol Mall, Suite 1425 (c) City, State and ZIP Code Sacramento, CA 95814 | <input type="checkbox"/> (Check if name is changed) | 2. DATE 4/2/97 | 3. FEC IDENTIFICATION NUMBER C00254318 |
| | | APR 14 11 38 AM '97 | 4. IS THIS STATEMENT AN AMENDMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |

5. TYPE OF COMMITTEE (Check one)

- (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 | Candidate Party Affiliation | Office Sought | State/District |
| | Democrat | U.S. House | |
- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee. (name of candidate)
- (d) This committee is a _____ committee of the _____ Party. (National, State or subordinate) (Democratic, Republican, etc.)
- (e) This committee is a separate segregated fund.
- (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

| 6. Name of Any Connected Organization or Affiliated Committee | Mailing Address and ZIP Code | Relationship |
|---------------------------------------------------------------|------------------------------|--------------|
| None | | |

Type of Connected Organization
 Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

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 | Mailing Address | Title or Position |
| Lance H. Olson | 555 Capitol Mall, Suite 1425 Sacramento, CA 95814 | Treasurer |

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 | Mailing Address | Title or Position |
| Lance H. Olson | 555 Capitol Mall, Suite 1425 Sacramento, CA 95814 | Treasurer |

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. | Mailing Address and ZIP Code | |
| Union Bank of CA | 700 L Street Sacramento, CA 95814 | |

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 | SIGNATURE OF TREASURER | DATE |
| Lance H. Olson | | 4-4-97 |

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.

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

Hand Delivered

DATE OF RECEIPT

First Class Mail

POSTMARKED

Registered/Certified Mail

POSTMARKED

4-8-97

No Postmark

Postmark Illegible

Received from the House Office of Records
and Registration

DATE OF RECEIPT

Received from the Senate Office of Public
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

[Signature]
PREPARER

4-14-97
DATE PREPARED