FEC FORM 1		STATEMEI ORGANIZ		PAGE 1 / 4
1. NAME OF COMMITTEE (in fu	ull)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5
DUFFY VIC				
ADDRESS (number and		O BOX 9891		
(Check if add is changed)	L	RLINGTON		VA22219
		CITY ▲		STATE A ZIP CODE A
COMMITTEE'S E-MAIL	ADDRESS			
(Check if add is changed)	dress N		DTT.COM	
is changed)	0	ptional Second E-Mail Ad	dress	
(Check if add is changed)				
2. DATE 12	/ D D 19	/ Y Y Y Y 2016		
3. FEC IDENTIFICA	tion nume	er ► C c	00544312	
4. IS THIS STATEME	NT	NEW (N) OR	AMENDED (A)	
I certify that I have exa	mined this S	tatement and to the best	of my knowledge and belief it	is true, correct and complete.
Type or Print Name of	Treasurer F	REISNER, MICHELE, , ,		
Signature of Treasurer	REISNER,	MICHELE, , ,	[Electronically Filed]	Date 12 19 / Y Y Y Y 2016
NOTE: Submission of fal			may subject the person signing t ON SHOULD BE REPORTED W	nis Statement to the penalties of 2 U.S.C. §437g. ITHIN 10 DAYS.
Office Use Only			For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100	

Information below.) Name of Candidate Candidate Party Affiliation Candidate Party Affiliation Cite Committee Sught: House Senate President District (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (d) This committee is a Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization Corporation Corporation w/o Capital Stock Labor Organiz Membership Organization Trade Association In addition, this committee is a Lobbyist/Registrant PAC. (f) 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 politic committee of a federal candidate.	-	-
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	FEC	Form 1 (Revised 02/2009) Page 2
(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 candid information below.) Name of Candidate	TYPE OF	COMMITTEE
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Party Affiliation Sought: House Senate President District This committee supports/opposes only one candidate, and is NOT an authorized committee. District Name of Candidate () This committee supports/opposes only one candidate, and is NOT an authorized committee. Democratic, Republican, etc. Party Committee: () This committee is a () Opportunity () (a) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization Corporation Corporation (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization Cooperative (i) This committee is a separate segregated fund. (Identify connected organization on cooperative Cooperative (i) In addition, this committee is a Lobbylst/Registrant PAC. (i) Cooperative (i) In addition, this committee is a Lobbylst/Registrant PAC. (i) In addition, this committee is a Lobbylst/Registrant PAC. (g) In addition, this committee is a Lobbylst/Registrant PAC. (i) In addition, this committee is a Lobbylst/Registrant PAC. (h) In addition, this committee is a Lobbylst/Registrant PAC. (i) In addition, this committee is a Lobbylst/Registrant PAC. <td></td> <td></td>		
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2. NRCC	1.	DUFFY FOR CONGRESS
3. NRCC	2.	AX PAC
	3.	NRCC FEC ID number C C00075820
4. REPUBLICAN PARTY OF WISCONSIN	4.	REPUBLICAN PARTY OF WISCONSIN FEC ID number C C00074450

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FEC Form 1 (Revis	sed 02/2009)	Page 3
Write or Type Committee N	Vame	
DUFFY VICT	ORY FUND	
6. Name of Any Connect	ed Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	adership PAC Sponsor
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
7. Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the person i	in possession of committee
REISI	NER, MICHELE, , ,	
Mailing Address	PO BOX 9891	

	ARLINGTON		22219
Title or Position	CITY	STATE	ZIP CODE
	Te	elephone 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	REISNER, MICHELE, , ,
of Treasurer	
Mailing Address	PO BOX 9891
	ARLINGTON
	CITY STATE ZIP CODE
Title or Position TREASURER	Telephone number

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent																			1								
Mailing Address																											
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							CI	TΥ								ST	ATE					ZI	P (DE		
Title or Position																											
											Tele	eph	one	e n	um	ber		L			 - [_						

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.

CH		
Mailing Address	1445-A LAUGHLIN AVE	
		VA 22101
	CITY	STATE ZIP CODE
Name of Bank, Deposit	ory, etc.	
Mailing Address		
	CITY	STATE ZIP CODE