Only

## STATEMENT OF

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FORM 1		0	RGAN	IIZA	TIC	N															
										4				0	ffice	Use	Only				_
NAME OF     COMMITTEE (in	n full)		Check if nam changed)	ne		mple: I the li	f typing nes.	g, typ	oe		12I	FE4	М5		_	-					
Behn Victory	/ Fund																				
ADDDECC (sounds as a		4900 Cen	tennial Blvd																		ı
ADDRESS (number a	•	Suite 300	,																		1
is change																					_
		Nashville CI	ΓΥ 🛦								STAT			37	209		 ZIP	CO[	DE 🛦		
COMMITTEE'S E-MA	AIL ADDRE	SS																			
(Check if is change		compliar	nce2@bluewa	avepoliti	cs.con	n 	1 1		ı	ı			ı		ı	ı		ı			
is change	u)	Optional	Second E-M	ail Addre	ess																_
COMMITTEE'S WEE	DAGE AD	DDESS (HE	DI \																		
(Check if		1	1L)																		
is change	d)																				]
2. DATE 1			y y y y 2025																		
3. FEC IDENTIFIC	CATION NU	JMBER ▶		C00	92487	8	_														
4. IS THIS STATE	MENT X	NEW	(N) <b>C</b>	R		ļ ,	MENE	DED	(A)												
I certify that I have	examined th	nis Statemer	nt and to the	e best o	f my k	nowle	dge aı	nd be	elief	it is	true	, cor	rect	and	d co	mple	ete.				
Type or Print Name	of Treasure	r <u>Mealor, ł</u>	Kristina, , ,																		_
Signature of Treasur	er <u>M</u> eal	or, Kristina, ,	,							D	ate		м 10	M	/	28	] ′	Y	2025		]
NOTE: Submission of	false, errone		mplete inforn						-						pen	altie	s of	52 L	J.S.C.	§301	09.
Office Use						Federa	rther in al Election	on Co	mmis		act:							<b>RN</b> 6/20			- I

Toll Free 800-424-9530

Local 202-694-1100

FEC Form 1 (Revised 03/2022)	Page <b>2</b>											
TYPE OF COMMITTEE:												
ndidate Committee:												
(a) This committee is a principal campaign committee. (Complete the candidate	e information below.)											
(b) This committee is an authorized committee, and is NOT a principal campa information below.)	ign committee. (Complete the candidate											
Name of Candidate												
Candidate Party Affiliation Office Sought: House Senate	State President District											
(c) This committee supports/opposes only one candidate, and is NOT an auth	orized 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)	ation on line 6.) Its connected organization is a:											
Composation/a Conital St	Labor Ornariantica											
Corporation Corporation w/o Capital Stormann 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 committee. (i.e., nonconnected committee)	s NOT a separate segregated fund or party											
In addition, this committee is a Lobbyist/Registrant PAC.												
In addition, this committee is a Leadership PAC. (Identify sponso	r on line 6.)											
(g) This committee is an independent expenditure-only political committee (Su	per PAC).											
In addition, this committee is a Lobbyist/Registrant PAC.												
(h) This committee is a political committee with both contribution and non-contribution and n	tribution accounts (Hybrid PAC).											
In addition, this committee is a Lobbyist/Registrant PAC.	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,											
in addition, this committee is a complete registrant inc.												
Joint Fundraising Representative:												
(i) X This committee collects contributions, pays fundraising expenses and disbucommittees/organizations, at least one of which is an authorized committee												
(j) This committee collects contributions, pays fundraising expenses and disbucommittees/organizations, none of which is an authorized committee of a f	·											
Committees Participating in Joint Fundraiser												
1.   TENNESSEE DEMOCRATIC PARTY	C C00167346											
AETVN REHN FOR CONCRESS	C C00912642											

l	FEC Form 1 (Revised 0	2/2009)	Page <b>3</b>
W	/rite or Type Committee Name		
	Behn Victory Fur	nd	
6.		ganization, Affiliated Committee, Joint Fundraising Representative	e, or Leadership PAC Sponsor
	NONE		
	Mailing Address		
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Represen	ntative Leadership PAC Sponso
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number optional) and position of the perso	on in possession of committee
	Mealor, Kris	stina, , ,	
	Full Name		
	Mailing Address	122 C Street, NW	
		<b>S</b> 360	
		Washington   DC	20001
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼	STATE	ZIP CODE A
	Treasurer	Telephone number	202 734 5986
3.	Treasurer: List the name and any designated agent (e.g., a	l address (phone number optional) of the treasurer of the committe ssistant treasurer).	ee; and the name and address of
	Full Name Mealor, Kris	stina, , ,	
	of Treasurer	122 C Street, NW	
	Mailing Address		
		S360	
		Washington	20001
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	202 734 5986

FEC Form 1	(Revised 02/2009)		Page <b>4</b>
Full Name of Designated	(		1.190
Agent			
Mailing Address			
Title or Position <b>▼</b>	CITY ▲	STATE ▲	ZIP CODE ▲
	Tel	ephone number	
Banks or Other safety deposit box	Depositories: List all banks or other depositories in which these or maintains funds.	ne committee deposits funds, h	nolds accounts, rents
Name of Bank, D	epository, etc.		
	First Horizon Bank		
Mailing Address	511 Union Street		
	Nashville	TN   372	19
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.		
Mailing Address			
	CITY A	STATE ▲	ZIP CODE ▲