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July 7, 2015

Ms. Nicole Miller

Senior Campaign Finance Analyst

Reports Analysis Division

Federal Election Commission

Washington, DC 20463

Ref: ID C00525675, Pro-Life Victory Federal PAC

Dear Ms. Miller:

Enclosed are two documents: Our PAC's semiannual report for the period ending 6/30/2015 and an amended Statement of Organization intended to become effective 7/31/2015.

Mr. James V. Klocek will become our new Treasurer as of 7/31/2015 and I will become the Assistant Treasurer. Please peruse these two documents and enter them into your records. Please phone me (815-861-5847) with your comments or questions. I will remain as our PAC's Treasurer until 7/31/2015.

Thank you.

Sincerely,

Philip L. Weyna, Treasurer

Pro-Life Victory Federal PAC

FEC FORM 1	STATEMENT OF ORGANIZATION	PUBLIC DISCLOSURE 2015 JUL 13 PM 12: 33 Office Use Only
1. NAME OF COMMITTEE (in	full) (Check if name Example: If typing, type over the lines.	12FE4M5
Pro-Life Vi	ctory Federal PAC	
ADDRESS (number ar		
is changed)	McHenry	
	CITY	STATE ZIP CODE
COMMITTEE'S E-MA	IL ADDRESS (Please provide only one e-mail address) address d)	<u> </u>
COMMITTEE'S WEB	PAGE ADDRESS (URL)	
(Check if a is changed		
2. DATE 07	* (<u>31</u> °) (<u>2015</u>)	
3. FEC IDENTIFIC	C00525675	
4. IS THIS STATEM	MENT NEW (N) OR AMENDED (A)	
I certify that I have e	examined this Statement and to the best of my knowledge and belief it of Treasurer Philip L. Weyna	t is true, correct and complete.
Signature of Treasure	" Shilig L. Wegne	Date 07* (06°) (2015)
NOTE: Submission of	false, erroneous, or incomplete information may subject the person signing t ANY CHANGE IN INFORMATION SHOULD BE REPORTED W	
Office Use Only	For further information of Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100	

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FEC Form 1 (Revised 02/2009)

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5.	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 Candi					
	Candi Party	idate Affiliatio	on Office Sought: House Senate President District			
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.			
	Name Candi					
	Part	y Con	nmittee:			
	(d)		This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.			
	Polit	tical A	ction 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	t Fund	raising 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					
		2.				
		3.				
		4.	FEC ID number			

		•			
FEC	Form	1	(Revised	02/2009)	

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Write or Type Committee Name

Pro-Life Victory Federal PAC

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

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L					
	Mailing Address				
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		CITY	LLLL S	TATE ZIP C	
	Relationship: Connected	Organization	Joint Fundraising Rep	presentative Leaderst	hip PAC Sponsor
7.	Custodian of Records: Iden books and records.	ntify by name, address (phone number c	pptional) and position o	of the person in possession	on of committee
	Full Name	s V. Klocek			
	Mailing Address	2108 Edgewood Dr.			
		Woodstock	 	L 60098	
	Title or Position	CITY	STA	ATE ZIP C	CODE
_	Treașurer	<u></u>	Telephone number	815 _ 338	9495
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of th assistant treasurer).	ne treasurer of the con	nmittee; and the name ar	nd address of
·	Full Name of Treasurer	s V. Klocek			
	Mailing Address	2108 Edgewood Road			
		CITY	L) – <u> </u>
1	Title or Position		Telephone number	815 - 338	9495
	_				

FEC Fo	orm 1 (Revised 02/2009)		Page 4			
Full Name of Designated Agent	Philip L. Weyna					
Mailing Addres	s 6604 Rhode Island Trail					
		<u>. 4 4. 1 4. 1 4. 1 4.</u>				
	Cryștal Lake	JULJ60 STATE				
Title or Positio		number 815	_ [861 _] - [5847 _]			
safety deposit	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.					
	Home State Bank					
Mailing Addres	ss 40 Grant Street					
		<u>. t </u>				
	Crystal Lake		014			
	CITY	STATE	ZIP CODE			
Name of Bank	, Depository, etc.					
Mailing Addres	ss					
	CITY	STATE	ZIP CODE			

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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.				
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