

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

2012 MAY 29 AM 11:38

FEC MAIL CENTER

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

CONSERVATIVE REPUBLICAN VICTORY PAC

ADDRESS (number and street)

11407 TARTAN LANE

(Check if address is changed)

HAMPTON

VA

23063-1936

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

JARED@CRVPAC.ORG

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

WWW.CRVPA^AC.ORG

2. DATE 05'21'2012

3. FEC IDENTIFICATION NUMBER C

4. 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.

Type or Print Name of Treasurer

Jared Hendrix

Signature of Treasurer

[Handwritten Signature]

Date

05'21'2012

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 Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 02/2009)

12030814496

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 of Candidate _____

Candidate Party Affiliation	Office Sought:	House	Senate	President	State
					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 _____ (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 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 Fundraising 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

1. _____ FEC ID number C
2. _____ FEC ID number C
3. _____ FEC ID number C
4. _____ FEC ID number C

12030814497

Write or Type Committee Name

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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

JARED DAMON HENDRIX

Mailing Address

1407 TARTAN LANE

[Empty grid line]

HAMPTON VA 23663-1939

Title or Position

CITY

STATE

ZIP CODE

CHAIRMAN

Telephone number 757-768-2613

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 of Treasurer

JARED DAMON HENDRIX

Mailing Address

1407 TARTAN LANE

[Empty grid line]

HAMPTON VA 23663-1936

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 757-768-2613

1203081498

Full Name of Designated Agent

JUDITH RAYE HENDRIX

Mailing Address

11407 TARTAN LANE

HAMPTON

CITY

VA

STATE

23663

ZIP CODE

1936

Title or Position

ASSISTANT TREASURER

Telephone number

757-1851-14248

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.

WELLS FARGO BANK

Mailing Address

1801 S. MINNESOTA AVE

SIOUX FALLS

CITY

SD

STATE

57105

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

1203081499

Date of this notice: 05-23-2012

Employer Identification Number:

Form: SS-4

Number of this notice: CP 575 E

CONSERVATIVE REPUBLICAN VICTORY PAC
1407 TARTAN LN
HAMPTON, VA 23663

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you
EIN This EIN will identify you, your business accounts, tax returns, and
documents, even if you have no employees. Please keep this notice in your permanent
records.

When filing tax documents, payments, and related correspondence, it is very important
that you use your EIN and complete name and address exactly as shown above. Any variation
may cause a delay in processing, result in incorrect information in your account, or even
cause you to be assigned more than one EIN. If the information is not correct as shown
above, please make the correction using the attached tear off stub and return it to us.

Assigning an EIN does not grant tax-exempt status to non-profit organizations.
Publication 557, *Tax Exempt Status for Your Organization*, has details on the
application process, as well as information on returns you may need to file. To apply
for formal recognition of tax-exempt status, most organizations will need to complete
either Form 1023, *Application for Recognition of Exemption Under Section 501(c)(3) of
the Internal Revenue Code*, or Form 1024, *Application for Recognition of Exemption
Under Section 501(a)*. Submit the completed form, all applicable attachments, and the
required user fee to:

Internal Revenue Service
PO Box 12192
Covington, KY 41012-0192

The Pension Protection Act of 2006 contains numerous changes to the tax law
provisions affecting tax-exempt organizations, including an annual electronic
notification requirement (Form 990-N) for organizations not required to file an annual
information return (Form 990 or Form 990-EZ). Additionally, if you are required to
file an annual information return, you may be required to file it electronically.
Please refer to the Charities & Non-Profits page at www.irs.gov for the most current
information on your filing requirements and on provisions of the Pension Protection
Act of 2006 that may affect you.

To obtain tax forms and publications, including those referenced in this notice,
visit our Web site at www.irs.gov. If you do not have access to the Internet, call
1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

12030814508

Authorization For Information

In Connection With A Business Account Application

WELLS
FARGO

Banker Name: JOSHUA L. FULLER	Office/Portfolio Number:	Date: 05/24/2012
Banker Phone: 605/575-7460	Store Number: 00084	Banker AU: Banker MAC:

Business Account Applicant

Business Name: CONSERVATIVE REPUBLICAN VICTORY PAC

Owner/Key Individual 1 Information

Customer Name: JARED D HENDRIX	Residence Address: 1407 TARTAN LN			
Position/Title: STATE MANAGER	Date of Birth: 06/07/1983	Phone Number: 757/768-2613	Address Line 2:	
Taxpayer Identification Number (TIN):	TIN Type: SSN	Address Line 3:		
Primary ID Type: DLIC	Primary ID Description:	City: HAMPTON	State: VA	
Primary ID St/Ctry/Prov: VA	Primary ID Issue Date: 04/29/2008	Primary ID Expiration Date: 06/07/2013	ZIP/Postal Code: 23663-1936	Country: US
Secondary ID Type: OTHR	Secondary ID Description: DC	Directional Address: (Document when no physical residence, business or alternate street address.)		
Secondary ID State/Country:	Secondary ID Issue Date:	Secondary ID Expiration Date:		

Signature Capture - Owners/Key Individuals

By signing this form, I authorize "Wells Fargo Bank" to obtain verifications and reports from agencies on my accounts and financial affairs from time to time, such as credit bureau reports and account status reports on me as an individual, in connection with the business account application identified above and any other account applications by this business. I understand that Wells Fargo requests this information to reduce fraudulent accounts, to prevent access to financial information and accounts by unauthorized persons, and for other legitimate business reasons. Should the information obtained from any such verification or report cause Wells Fargo to decide to deny the account application for the above-named business, I also authorize Wells Fargo to communicate, either explicitly or implicitly, to any co-applicant and to any co-owner, director, officer, or employee of the business that the denial was based in whole or in part on such information. I also authorize Wells Fargo to use such information and to share it with its affiliates in order to determine whether the business is qualified for other products and services offered by Wells Fargo and its affiliates:

Owner/Key Individual 1 Name: JARED D HENDRIX	Position/Title: STATE MANAGER
---	----------------------------------

Owner/Key Individual 1 Signature: 

- Submit manually
 Signature not required

Date: 05/24/2012

Customer Copy

Business Account Application



Bank Name: WELLS FARGO BANK, N.A.	Store Name: COLONIAL		
Banker Name: JOSHUA L. FULLER	Officer/Portfolio Number: 	Date: 05/24/2012	
Banker Phone: 605/575-7460	Store Number: 00084	Banker AU: 	Banker MAC:

To help the government fight the funding of terrorism and money laundering activities, U.S. Federal law requires financial institutions to obtain, verify, and record information that identifies each person (individuals and businesses) who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

New Account Information

- New Deposit Account(s) Only New Deposit Account(s) and Business Credit Card

Account 1 Product Name: Gold Business Services Package				
COID: 083	Product: DDA	Account Number: 	Opening Deposit: \$100.00	Type of Funds: INTX
Account 2 Product Name: Business Market Rate Savings				
COID: 083	Product: DDA	Account Number: 	Opening Deposit: \$100.00	Type of Funds: INTX

New Account Kit:
B20120514-0000251712

Related Customer Information

Customer 1 Name: CONSERVATIVE REPUBLICAN VICTORY PAC	Account Relationship: Sole Owner
Enterprise Customer Number (ECN): 299070751427360	
Customer 2 Name: JARED D HENDRIX	Account Relationship: Signer
Enterprise Customer Number (ECN): 728108023705019	

Customer Copy

Checking/Savings Statement Mailing Information

Name(s) and Information Listed on Statement: CONSERVATIVE REPUBLICAN VICTORY PAC	Statement Mailing Address: 1407 TARTAN LN
	Address Line 2:
	City: HAMPTON State: VA
	ZIP/Postal Code: 23663-1936 Country: US

Customer 1 Information

Customer Name: CONSERVATIVE REPUBLICAN VICTORY PAC	Street Address: 1407 TARTAN LN
Account Relationship: Sole Owner	Address Line 2:
Taxpayer Identification Number (TIN): TIN Type: I	Address Line 3:
Business Type: Unincorp Assn/Social/Rec/Civic Grp	City: HAMPTON State: VA
Business Sub-Type/Tax Classification: Non-Profit: No	ZIP/Postal Code: 23663-1936 Country: US
Date Originally Established: 05/21/2012 Current Ownership Since: Number of Employees: 1	Business Phone: 757/768-2613 Fax:
Annual Gross Sales: \$0.00 Year Sales Reported: 05/24/2012 Fiscal Year End:	Cellular Phone: Pager:
Primary Financial Institution: Number of Locations: 1	e-Mail Address:
Primary State 1: Primary State 2: Primary State 3:	Website:
Primary Country 1: Primary Country 2: Primary Country 3:	Sales Market: LOCAL
Industry: Other Services (except Public Administration)	
Description of Business:	
Major Suppliers/Customers:	

Bank Use Only

Name/Entity Verification: Other Agreement	Address Verification:	DAFT Reference Number:
Document Filing Number/Description: NA	Filing Country: US Filing State: VA Filing Date:	Expiration Date:
Country of Registration: US State of Registration: VA International Transactions:	Check Reporting: NO RECORD	
Customer 1 Name: CONSERVATIVE REPUBLICAN VICTORY PAC	Internet Gambling Business?: No	

Customer Copy

Owner/Key Individual 1 Information

Customer Name: JARED D HENDRIX			Residence Address: 1407 TARTAN LN		
Position/Title: STATE MANAGER	Date of Birth: 06/07/1983	Enterprise Customer Number (ECN):	Address Line 2:		
Taxpayer Identification Number (TIN):			Address Line 3:		
TIN Type: SSN					
Primary ID Type: DLIC	Primary ID Description:		City: HAMPTON	State: VA	
Primary ID St/Ctry/Prov: VA	Primary ID Issue Date: 04/29/2008	Primary ID Expiration Date: 06/07/2013	ZIP/Postal Code: 23663-1936	Country: US	
Secondary ID Type: OTHR	Secondary ID Description: DC		Check Reporting: NO RECORD		
Secondary ID State/Country:	Secondary ID Issue Date:	Secondary ID Expiration Date:			
Country of Citizenship: US					

12030814505

Customer Copy

Certificate of Authority

Each person who signs the "Certified/Agreed To" section of this Application certifies that:

- A. The Customer's use of any Bank deposit account, product or service will confirm the Customer's receipt of, and agreement to be bound by, the Bank's applicable fee and information schedule and account agreement that includes the Arbitration Agreement under which any dispute between the Customer and the Bank relating to the Customer's use of any Bank deposit account, product or service will be decided in an arbitration proceeding before a neutral arbitrator as described in the Arbitration Agreement and not by a jury or court trial.
- B. Each person who signs the "Certified/Agreed To" section of this Application or whose name, any applicable title and specimen signature appear in the "Authorized Signers - Signature Capture" section of this Application is authorized on such terms as the Bank may require to:
 - (1) Enter into, modify, terminate and otherwise in any manner act with respect to accounts at the Bank and agreements with the Bank or its affiliates for accounts and/or services offered by the Bank or its affiliates (other than letters of credit or loan agreements);
 - (2) Authorize (by signing or otherwise) the payment of Items from the Customer's account(s) listed on this Business Account Application (including without limitation any Item payable to (a) the individual order of the person who authorized the Item or (b) the Bank or any other person for the benefit of the person who authorized the Item) and the endorsement of Deposited Items for deposit, cashing or collection (see the Bank's applicable account agreement for the definitions of "Item" and "Deposited Item");
 - (3) Give instructions to the Bank in writing (whether the instructions include the manual signature or a signature that purports to be the facsimile or other mechanical signature including a stamp of an Authorized Signer as the Customer's authorized signature without regard to when or by whom or by what means or in what ink color the signature may have been made or affixed), orally, by telephone or by any electronic means in regard to any Item and the transaction of any business relating to the Customer's account(s), agreements or services, and the Customer shall indemnify and hold the Bank harmless for acting in accordance with such instructions; and
 - (4) Delegate the person's authority to another person(s) or revoke such designation, in a separate signed writing delivered to the Bank.
- C. If a code must be communicated to the Bank in order to authorize an Item, and the code is communicated, the Item will be binding on the Customer regardless of who communicated the code.
- D. Each transaction described in this Certificate of Authority conducted by or on behalf of the Customer prior to delivery of this Certificate is in all respects ratified.
- E. If the Customer is a tribal government or tribal government agency, the Customer waives sovereign immunity from suit with respect to the Customer's use of any Bank account, product or service referred to in this Certificate.
- F. The information provided in this Application is correct and complete, each person who signs the "Certified/Agreed To" section of this Application and each person whose name appears in the "Authorized Signers-Signature Capture" section of this Application holds any position indicated, and the signature appearing opposite the person's name is authentic.
- G. The Customer has approved this Certificate of Authority or granted each person who signs the "Certified/Agreed To" section of this Application the authority to do so on the Customer's behalf by:
 - (1) resolution, agreement or other legally sufficient action of the governing body of the Customer, if the Customer is not a trust or a sole proprietor;
 - (2) the signature of each of the Customer's trustee(s), if the Customer is a trust; or
 - (3) the signature of the Customer, if the Customer is a sole proprietor.

Certified/Agreed To

Owner/Key Individual 1 Name JARED D HENDRIX	Position/Title: STATE MANAGER
--	----------------------------------

Owner/Key Individual 1 Signature

[Signature]

- Submit manually
- Signature not required

Date:
05/24/2012

Customer Copy

12050814506

Request for Taxpayer Identification Number and Certification

(Substitute Form W-9)

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- 2. UNLESS I HAVE CHECKED ONE OF THE BOXES BELOW, I am not subject to backup withholding either because I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding (does not apply to real estate transactions, mortgage interest paid, the acquisition or abandonment of secured property, contributions to an Individual Retirement Arrangement (IRA), and payment other than interest and dividends).
- 3. I am a U.S. citizen or other U.S. person. I am subject to backup withholding I am exempt from backup withholding

Note: The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Tax Responsible Customer Name:

CONSERVATIVE REPUBLICAN VICTORY PAC

Taxpayer Identification Number (TIN):

TIN Certification Signature:

[Redacted Signature]

- Submit manually
- Signature not required

Date:

05/24/2012

Authorized Signers - Signature Capture

Authorized Signer 1 Name

JARED D HENDRIX

Position/Title:

STATE MANAGER

Authorized Signer 1 Signature

[Redacted Signature]

- Submit manually
- Signature not required

Date:

05/24/2012

Customer Copy

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.

Date of Receipt

Hand Delivered

Postmarked

USPS First Class Mail

Postmarked (R/C)

USPS Registered/Certified

Postmarked

USPS Priority Mail

Delivery Confirmation™ or Signature Confirmation™ Label

Postmarked

USPS Express Mail

5/25/12

Postmark Illegible

No Postmark

Shipping Date

Overnight Delivery Service (Specify):

Next Business Day Delivery

Date of Receipt

Received from House Records & Registration Office

Date of Receipt

Received from Senate Public Records Office

Date of Receipt

Received from Electronic Filing Office

Date of Receipt or Postmarked

Other (Specify):

Jmf
PREPARER
(3/2005)

5/29/12
DATE PREPARED

80571805071