Only

PAGE 1 / 4

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. ONSERVATIVE VICTORY FUND 2776 S ARLINGTON MILL DR ADDRESS (number and street) **NUM 806** (Check if address is changed) ARLINGTON 22206 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS sbm@FECreports.com (Check if address X is changed) Optional Second E-Mail Address sbm@FECreports.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 25 2017 C00481085 FEC IDENTIFICATION NUMBER > 3. X 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. MACKENZIE, SCOTT B, , , Type or Print Name of Treasurer MACKENZIE, SCOTT B, , , [Electronically Filed] 10 25 2017 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

ı	FEC <b>Fo</b>	rm 1 (Revised 02/2009)	Page <b>2</b>			
		OF 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.)				
Nam Cand	e of didate					
	didate / Affiliati	on Office Sought: House Senate President	State			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name Cand	e of didate					
Par	ty Con	Committee:  (National, State (Democratic,				
(d)		This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party			
Poli	tical A	ction Committee (PAC):				
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is			
		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 s committee. (i.e., nonconnected committee)	egregated fund or party			
		In addition, this committee is a Lobbyist/Registrant PAC.				
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Join	t Fund	Iraising Representative:				
(g)	П	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t				
(h)		committees/organizations, at least one of which is an authorized committee of a federal candidate.  This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.				
	Committees Participating in Joint Fundraiser					
	1.					
	2.					
	3.	FEC ID number C				
	4.					

FEC Form 1 (Revised 02/200	<b>19)</b>	Page <b>3</b>
Write or Type Committee Name		. age c
CONSERVATIVE	VICTORY FUND	
	ization, Affiliated Committee, Joint Fundraising Representative, or Lead	dership PAC Sponsor
NONE	<b>3</b>	
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected Orga	Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
<ol> <li>Custodian of Records: Identify by books and records.</li> </ol>	y name, address (phone number optional) and position of the person in	possession of committee
MACKENZIE, S	COTT B, , ,	1
277	6 S ARLINGTON MILL DR	
Mailing Address	M 806	
L_L ⊥AR	LINGTON , VA , 2220	06 , ,
Title or Position	CITY STATE	ZIP CODE
TREASURER	Telephone number 703	-   868   -   1776
Treasurer: List the name and add any designated agent (e.g., assistation).	ress (phone number optional) of the treasurer of the committee; and the ant treasurer).	e name and address of
Full Name MACKENZIE, SC	COTT B, , ,	
of Treasurer	6 S ARLINGTON MILL DR	
Mailing Address	M 806	
		26
ARI	LINGTON VA 2220  CITY STATE	ZIP CODE
Title or Position TREASURER	Telephone number 703	- 868 - 1776

FEC Form	<b>1</b> (Revised 02/2009)	Page <b>4</b>		
Full Name of Designated Agent		_ 		
Mailing Address				
	CITY STATE ZIF	P CODE		
Title or Position				
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  1711 FERN ST  Mailing Address				
	ALEXANDRIA VA 22302			
	CITY STATE ZIF	P CODE		
Name of Bank, [	Depository, etc.			
Mailing Address				
	CITY STATE ZIF	CODE		