

HAND DELIVERED

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

2013 SEP 18 PM 3:57

Office Use Only

FEC MAIL CENTER

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

S t r o n g , C o n s e r v a t i v e V i c t o r y F u n d

ADDRESS (number and street)

P . O . B o x 6 6 6 6 1

(Check if address is changed)

W a s h i n g t o n

CITY ▲

D C

STATE ▲

2 0 0 3 5

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

d a v i d . s a t t e r f i e l d @ a r e n t f o x . c o m

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

N o n e

2. DATE 0 9 / 0 9 / 2 0 1 3

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 David Satterfield

Signature of Treasurer

*David Satterfield*

Date

09 / 18 / 2013

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 06/2012)

13031114782



Write or Type Committee Name

The Strong Conservative Victory Fund

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

None

Mailing Address

[Empty address fields]

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

David Satterfield

Mailing Address

1717 K Street, NW c/o Arent Fox LLP  
Washington DC 20036

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number 202-857-6467

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

David Satterfield

Mailing Address

1717 K Street, NW c/o Arent Fox LLP  
Washington DC 20036

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number 202-857-6467

13031114784

Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid for Title or Position]

Telephone number

[Empty grid for Telephone number]

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.

W e l l s , F a r g o

Mailing Address

1 1 0 0 C o n n e c t i c u t A v e N W

[Empty grid for Mailing Address line 2]

W a s h i n g t o n , D C 2 0 0 3 6

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty grid for Name of Bank, Depository, etc.]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

13031114785

Federal Election Commission  
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Hand Delivered Date of Receipt  
9/18/13

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Overnight Delivery Service (Specify): Shipping Date  
Next Business Day Delivery

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

Other (Specify): Date of Receipt or Postmarked

 9/18/13  
PREPARER DATE PREPARED

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