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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. REED BLACK VICTORY FUND PO BOX 365 ADDRESS (number and street) (Check if address is changed) **MCLEAN** 22101 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS compliance@complianceconsultingva.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2013 C00517896 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. CABELL HOBBS Type or Print Name of Treasurer CABELL HOBBS [Electronically Filed] 04 10 2013 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

Toll Free 800-424-9530 Only Local 202-694-1100

(Revised 06/2012)

ı	FEC Fo i	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
Can	didate	Committee:	
(a)	Ш	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. (Compinformation below.)	plete the candidate
Name Cand	e of lidate		
	lidate Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of lidate		
Parl	ty Con	nmittee:	
(d)		, , ,	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 conn	nected 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 seg committee. (i.e., nonconnected committee)	gregated 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	raising Representative:	
(g)	×	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	TOM REED FOR CONGRESS FEC ID number C C004	64032
	2.	DIANE BLACK FOR CONGRESS FEC ID number C C004	72878
	3.	DEFENDING AND INVESTING IN AMERICA'S NEW ENDEAVORS PAC (DIANE PAC)	99996
	4.		

550 5 4 (D : 14	20/2020	
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Write or Type Committee Name		
	VICTORY FUND	
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadershi	p PAC Sponsor
NONE		
Mailing Address		
	CITY STATE Z	IP CODE
Relationship: Connected	d Organization	ership PAC Sponsor
Relationship.	John Fullilated Committee John Fulliansing Representative Lead	cromp i Ao oponou
. Custodian of Records: Ider books and records.	ntify by name, address (phone number optional) and position of the person in posse	ession of committee
	Johns	
CABELL F Full Name	10BBS	
Mailing Address	PO BOX 365	
	MCLEAN VA 22101	
Title or Position	CITY STATE ZI	IP CODE
Treasurer	Telephone number	
 Treasurer: List the name and any designated agent (e.g., a 	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	e and address of
Full Name CABELL H	IOBBS	1
of Treasurer	PO BOX 365	
Mailing Address		
	Maleni	
	MCLEAN VA 22101	
Title or Position Treasurer	CITY STATE ZI	P CODE

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Full Name of Designated	MELODIE JOHNSON	
Agent	PO BOX 365	
Mailing Address	FO BOX 303	
	MCLEAN VA	22101
	CITY STATE	ZIP CODE
Title or Position ASST. TREAS	URER	
. Banks or Othe safety deposit b	er Depositories: List all banks or other depositories in which the committee deposits fooxes or maintains funds.	funds, holds accounts, rents
Name of Bank,	Depository, etc.	
Name of Bank,	BB&T	
Name of Bank, Mailing Address	BB&T 1909 K St., NW	
	BB&T 1909 K St., NW	
	BB&T 1909 K St., NW	20006
	BB&T 1909 K St., NW	20006 ZIP CODE
Mailing Address	BB&T 1909 K St., NW Washington DC	
Mailing Address	BB&T 1909 K St., NW Washington CITY STATE	
Mailing Address	BB&T 1909 K St., NW Washington CITY STATE Depository, etc.	
Mailing Address	BB&T 1909 K St., NW Washington CITY STATE Depository, etc.	
Mailing Address	BB&T 1909 K St., NW Washington CITY STATE Depository, etc.	