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FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

(See Instructions)

Office use only

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

12FE4M5

DENT VICTORY FUND

ADDRESS (number and street)

PO BOX 365

(Check if address is changed)

MCLEAN VA 22101

CITY ▲

STATE ▲

ZIP CODE ▲

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

(Check if address is changed)

COMPLIANCE@COMPLIANCECONSULTINGVA.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

NONE

2. DATE 10 / 01 / 2010

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 MELODIE JOHNSON

Signature of Treasurer Melodie Johnson Date 10 / 01 / 2010

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

FEC FORM 1  
(Revised 02/2009)

10030434999

5. TYPE OF COMMITTEE (Check One)

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
- (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.	CHARLIE DENT FOR CONGRESS	FEC ID number	C C00386847
2.	NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE	FEC ID number	C C00079820
3.	_____	FEC ID number	C _____
4.	_____	FEC ID number	C _____

10030435000

Write or Type Committee Name

**DENT VICTORY FUND**

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

**NONE**

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

**CABELL HOBBS**

Mailing Address

**PO BOX 365**

**MCLEAN**

**VA**

**22101**

Title or Position

**CITY**

**STATE**

**ZIP CODE**

**ASSISTANT TREASURER**

Telephone number

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

**MELODIE JOHNSON**

Mailing Address

**PO BOX 365**

**MCLEAN**

**VA**

**22101**

Title or Position

**CITY**

**STATE**

**ZIP CODE**

**TREASURER**

Telephone number

10030435001

Full Name of Designated Agent

CABELL HOBBS

Mailing Address

PO BOX 365

MCLEAN

VA

22101 -

Title or Position

CITY

STATE

ZIP CODE

ASSISTANT TREASURER

Telephone number

10030435002

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.

BB&T

Mailing Address

300 SOUTH WASHINGTON STREET

ALEXANDRIA

VA

22314 -

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

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.

10030435003

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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*Ami*  
 PREPARER

10/12/10  
 DATE PREPARED