Image# 15970315137				03/24/2015 11 : 01
			1	PAGE 1 / 4
FEC	STATEMEN	_		I
FORM 1	ORGANIZA	ATION		
				Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Comstock Victory	/ Fund			
ADDRESS (number and street)	PO Box 9891			
(Check if address	1			
is changed)	Arlington		VA 22	2219
			L L STATE ▲	ZIP CODE▲
COMMITTEE'S E-MAIL ADDRE	SS			
(Check if address	.ss ,caleb@crosbyott.com			
is changed)				
	Optional Second E-Mail Add	ress		
COMMITTEE'S WEB PAGE AD	DRESS (URL)			
 (Check if address is changed) 				
	1			
M M / D	D / Y Y Y Y			
2. DATE 03 24	4 2015			
		0574632		
3. FEC IDENTIFICATION N		0574632		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined the	is statement and to the best	or my knowleage and belief i	i is true, correct ar	iu complete.
Type or Print Name of Treasure	r Caleb Crosby			
			M M	/ D D / Y Y Y Y
Signature of Treasurer	o Crosby	[Electronically Filed]	Date 03	24 2015
NOTE: Submission of false, erron				e penalties of 2 U.S.C. §437g.
	ANY CHANGE IN INFORMATIC			
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

-	-
FEC	Form 1 (Revised 02/2009) Page 2
TYPE OF	COMMITTEE
Candida	ate 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 Affil	
(C)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party C	ommittee:
(d)	This committee is a(National, State or subordinate) committee of the(Democratic, Republican, etc.) Participant
Political	Action Committee (PAC):
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 segregated fund or par 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 Fu	ndraising 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) X	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.
Co	ommittees Participating in Joint Fundraiser
1.	COMSTOCK FOR CONGRESS
2.	NRCC FEC ID number C C00075820
3.	FEC ID number
4.	FEC ID number

I

FEC Form 1 (Revised 02/2009)

Page 3

Write or Type Committee Name

Comstock Victory Fund

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

N					
L	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
	Mailing Address				
		CIT	Y	STATE	ZIP CODE
	Relationship: Connected	Organization Affiliated C	Committee Joint F	Fundraising Representativ	e Leadership PAC Sponsor
7.	Custodian of Records: Ident books and records.	ify by name, address (phon	e number optional)) and position of the pers	son in possession of committee
	Caleb Cros	by			
	Full Name	PO Box 9891			
	Mailing Address				
					22219
	Title or Position	CIT	Y	STATE	ZIP CODE
	Treasurer		Tele	phone number	
8.	Treasurer: List the name and any designated agent (e.g., a	address (phone number ssistant treasurer).	optional) of the treas	surer of the committee; an	nd the name and address of
	Full Name Caleb Cross of Treasurer	by			
	Mailing Address	PO Box 9891			
		Arlington			22219

Title or Position Treasurer | - | |-Telephone number

CITY

VA

ZIP CODE

STATE

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent																		I								
Mailing Address																										
																			L							
						CI	TΥ								ST/	λΤΕ					ZI	ΡC	COD	θE		
Title or Position																										
										Tel	eph	ione	e ni	uml	ber											

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.

Chain I	Bridge Bank		
Mailing Address	1445-A Laughlin Ave		
	McLean	VA 22101	
	CITY	STATE	ZIP CODE
Name of Bank, Depository, e	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE