PAGE 1 / 4

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. MAJORITY VICTORY PROGRAM PO BOX 9891 ADDRESS (number and street) (Check if address is changed) ARLINGTON 22219 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS BEN@CROSBYOTT.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 01 2018 C00684159 FEC IDENTIFICATION NUMBER > 3. 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. OTTENHOFF, BENJAMIN, , , Type or Print Name of Treasurer OTTENHOFF, BENJAMIN, , , [Electronically Filed] 80 2018 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 Only Local 202-694-1100

TYPE OF COMMITTEE 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 Party Affiliation Office Sought: House Senate President 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 Committee is a Committee of the Republican, etc.) Party. Political Action Committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a: Corporation Corporation Corporation Corporation Wice Capital Stock Labor Organization is a: 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 party committee. (i.e., nonconnected committee) In addition, this committee is a Lobbyist/Registrant PAC. (g) Mit Summittee is a Lobbyist/Registrant PAC. (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, one of which is an authorized committee of a federal candidate.				
Candidate Committee: (a)	F	EC For	rm 1 (Revised 02/2009)	Page 2
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	(g)	x		vo or more political
	(h)			o or more political
Committees Participating in Joint Fundraiser		Com	mittees Participating in Joint Fundraiser	
SCALISE FOR CONGRESS 1. FEC ID number C C00394957			SCALISE FOR CONGRESS	394957
THE EYE OF THE TIGER POLITICAL ACTION COMMITTEE				467431
2. NRCC FEC ID number C C00467431			NRCC	
GREAT AMERICA COMMITTEE 4. FEC ID number C C00640664			GREAT AMERICA COMMITTEE	640664

FEC Form 1 (Revised 02/2009)	Page 3
Write or Type Committee Name	
MAJORITY VICTORY PROGRAM	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising	g Representative, or Leadership PAC Sponsor
NONE	
Mailing Address	
CITY	STATE ZIP CODE
Relationship: Connected Organization Affiliated Committee Joint Fundr	raising Representative Leadership PAC Sponsor
 Custodian of Records: Identify by name, address (phone number optional) and books and records. 	position of the person in possession of committee
OTTENHOFF, BENJAMIN, , , Full Name	
PO BOX 9891	
Mailing Address	
ARLINGTON	VA 22219
Title or Position CITY	STATE ZIP CODE
TREASURER Telephon	ne number
3. Treasurer: List the name and address (phone number optional) of the treasurer any designated agent (e.g., assistant treasurer).	of the committee; and the name and address of
Full Name OTTENHOFF, BENJAMIN, , , of Treasurer	
Mailing Address PO BOX 9891	
ARLINGTON	
CITY Title or Position	STATE ZIP CODE
Title or Position TREASURER TREASURER Telephon	e number

FEC For	m 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
Banks or Other safety deposit b Name of Bank,	r Depositories: List all banks or other depositories in which the committee deposits funds, ho loxes or maintains funds. Depository, etc.	ous accounts, rents
safety deposit b Name of Bank,	Depository, etc. CHAIN BRIDGE BANK, NA 1445-A LAUGHLIN AVE	
safety deposit b	Depository, etc. CHAIN BRIDGE BANK, NA 1445-A LAUGHLIN AVE	Jus accounts, rents
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safety deposit b Name of Bank,	Depository, etc. CHAIN BRIDGE BANK, NA 1445-A LAUGHLIN AVE MCLEAN CITY STATE	
safety deposit b Name of Bank, Mailing Address	Depository, etc. CHAIN BRIDGE BANK, NA 1445-A LAUGHLIN AVE MCLEAN CITY STATE	
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