## STATEMENT OF

PAGE 1/5

**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. AX PAC PO Box 538 ADDRESS (number and street) (Check if address is changed) Wausau 54402 WI CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS michele@crosbyott.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 20 2019 C00506535 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Reisner, Michele, , , Type or Print Name of Treasurer Reisner, Michele, , , [Electronically Filed] 03 20 2020 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

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
	naidate	Committee:	
(a)	ш	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	plete the candidate
	ne of didate		
	didate y Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	ne of didate		
Par	rty Com	nmittee:	
(d)		(National, State	Democratic, Republican, etc.) Party.
Pol	itical 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.	
<b>(f)</b>			areasted fund or porty
(f)	x	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fulld of party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joir	nt Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two 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.	FEC ID number	
	2.		
	3.	FEC ID number	
	4.		

FEC Form 1 (Rev	ised 02/2009)	Page <b>3</b>
Write or Type Committee	Name	
AX PAC		
. Name of Any Connec	ted Organization, Affiliated Committee, Joint Fundraising Representative, or I	Leadership PAC Sponsor
SEAN DUFFY		
	PO BOX 538	
Mailing Address		
		54402
	CITY STATE	ZIP CODE
	Affiliated Committee Joint Fundraising Representative  I dentify by name, address (phone number optional) and position of the perso	
books and records.		•
Reis	ner, Michele, , ,	
Mailing Address	PO Box 9891	
	Arlington	22219
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	
Treasurer: List the name any designated agent (	ne and address (phone number optional) of the treasurer of the committee; and e.g., assistant treasurer).	the name and address of
Full Name Reisi of Treasurer	ner, Michele, , ,	
Mailing Address	PO Box 9891	
	Arlington VA 2  CITY STATE	22219 ZIP CODE
Title or Position Treasurer		_   _
	Telephone number	

9.

FEC <b>Form 1</b> (Revise	ed 02/2009)	Page <b>4</b>
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	i eleptione number	
safety deposit boxes or mai Name of Bank, Depository,	etc.	nds, holds accounts, rents
River	Valley Bank	
Mailing Address	327 N 17th Ave	
	Suite 100	
	Wausau	54402
	CITY STATE	ZIP CODE
Name of Bank, Depository,	etc.	
BB&T Mailing Address	1909 K St. NW	
	Washington	20006
	CITY STATE	ZIP CODE

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_\_ **of** \_\_\_\_

h). <b>Joint Fundraisi</b> r		FEC ID number	С
		FEC ID number	С
2.		FEC ID number	C
3.			
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
FINANCIAL INNO	OVATION COMMITTEE		
<u> </u>			
	228 S. WASHINGTON ST.		
Mailing Address	STE. 115		
	ALEXANDRIA	, VA	22314
Balatta addi			
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee X Joint  y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representation	Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional)	Fundraising Representation	Leadership PAC S
esignated Agent: Identif  Full Name  Mailing Address	y by name, address (phone number – optional)  CITY		
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION	y by name, address (phone number – optional)  CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION   anks or Other Deposito	y by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or m	y by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or m  ame of Bank,	y by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or m  ame of Bank,	y by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A