

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

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

12FE4M5

AX PAC

ADDRESS (number and street)

PO Box 538

☐(Check if address
is changed)

Wausau

CITY ▲

WI

STATE ▲

54402

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐(Check if address
is changed)

michele@crosbyott.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐(Check if address
is changed)

2. DATE

MM / DD / YYYY
03 / 20 / 2019

3. FEC IDENTIFICATION NUMBER ►

C

C00506535

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 Reisner, Michele, , ,

Signature of Treasurer

Reisner, Michele, , ,

[Electronically Filed]

Date

MM / DD / YYYY
03 / 20 / 2020

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
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

1. _____ FEC ID number **C** _____

2. _____ FEC ID number **C** _____

3. _____ FEC ID number **C** _____

4. _____ FEC ID number **C** _____

Write or Type Committee Name

AX PAC

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

SEAN DUFFY

Mailing Address

PO BOX 538

WAUSAU

CITY

WI

STATE

54402

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

Reisner, Michele, , ,

Mailing Address

PO Box 9891

Arlington

CITY

VA

STATE

22219

ZIP CODE

Title or Position

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

Reisner, Michele, , ,

Mailing Address

PO Box 9891

Arlington

CITY

VA

STATE

22219

ZIP CODE

Title or Position
Treasurer

Telephone number

Full Name of
Designated
Agent

Mailing Address

Title or Position

Telephone number

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.

River Valley Bank

Mailing Address

327 N 17th Ave

Suite 100

Wausau

WI

54402

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

BB&T

Mailing Address

1909 K St. NW

Washington

DC

20006

CITY

STATE

ZIP CODE

5(g) or (h). **Joint Fundraising Participant:**

| | | | |
|----|--|---------------|---|
| 1. | | FEC ID number | C |
| 2. | | FEC ID number | C |
| 3. | | FEC ID number | C |
| 4. | | FEC ID number | C |

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

FINANCIAL INNOVATION COMMITTEE

Mailing Address 228 S. WASHINGTON ST.
STE. 115
ALEXANDRIA VA 22314
Relationship: CITY ▲ STATE ▲ ZIP CODE ▲

☐ Connected Organization ☐ Affiliated Committee ☒ Joint Fundraising Representative ☐ Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name
Mailing Address
TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲
Telephone Number

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.
Mailing Address
CITY ▲ STATE ▲ ZIP CODE ▲