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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. GOVERNING MAJORITY 831 LINWOOD COURT ADDRESS (number and street) (Check if address is changed) BIRMINGHAM 35222 ALCITY 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 2016 C00621326 FEC IDENTIFICATION NUMBER > 3. X 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. CROSBY, CALEB, , , Type or Print Name of Treasurer CROSBY, CALEB, , , [Electronically Filed] 10 2016 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	
Can	ididate	Committee:	
(a)	Ш	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. (Compinformation below.)	plete the candidate
Nam Cand	e of didate		
	didate / Affiliation	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	Biotriot
Nam Cand	e of didate		
Par	ty Con	mittee:	
(d)			Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its confi	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.	·
(f)	П	This committee supports/opposes more than one Federal candidate, and is NOT a separate segment to the committee supports and is NOT as separate segment to the committee supports and the committee supports are considered as the committee supports and the committee supports are considered as the committee supports and the committee supports are considered as the committee supports and the committee supports are considered as the committee supports and the committee supports are considered as the committee supports and the committee supports are considered as the committee supports and the committee supports are considered as the committee supports are considered as the committee supports and the committee supports are considered as the committee support and the committee supports are considered as the committee support and the committee support as the committee support and the committee support as the committee support and the committee suppo	gregated 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.)	
Join	t Fund	raising Representative:	
(g)	×	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw 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.	MIKE BOST FOR CONGRESS COMMITTEE	546499
	2.	BYRNE FOR CONGRESS FEC ID number C C005	45673
	3.	RODNEY FOR CONGRESS FEC ID number C C005	21948
	4.	LUKE MESSER FOR CONGRESS FEC ID number C C004	60667

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Write or Type Committee	Name	-
GOVERNING	G MAJORITY	
	ted Organization, Affiliated Committee, Joint Fundraising Represei	ntative, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY ST	TATE ZIP CODE
Relationship: Conr	nected Organization Affiliated Committee Joint Fundraising Rep	presentative Leadership PAC Sponsor
Custodian of Records books and records.	: Identify by name, address (phone number optional) and position of	of the person in possession of committee
CRO Full Name	SBY, CALEB, , ,	
Mailing Address	831 LINWOOD COURT	
	BIRMINGHAM	AL 35222
Title or Position	CITY STA	ATE ZIP CODE
TREASURER	Telephone number	
. Treasurer: List the nam	ne and address (phone number optional) of the treasurer of the come.g., assistant treasurer).	nmittee; and the name and address of
Full Name CRO	SBY, CALEB, , ,	
Mailing Address	831 LINWOOD COURT	
	BIRMINGHAM	AL 35222
Title or Position	CITY STA	TE ZIP CODE
	Telephone number	

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Full Name of Designated Agent						
Mailing Address						
	CITY STATE ZI	P CODE				
Title or Position	Telephone number					
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 BRIDGE BANK						
	CHAIN BRIDGE BANK	<u> </u>				
Mailing Address	CHAIN BRIDGE BANK 1445-A LAUGHLIN AVENUE					
Mailing Address	1445-A LAUGHLIN AVENUE					
Mailing Address						
Mailing Address	1445-A LAUGHLIN AVENUE MCLEAN VA 22101					
Mailing Address Name of Bank, I	1445-A LAUGHLIN AVENUE MCLEAN CITY STATE ZI	P CODE				
	1445-A LAUGHLIN AVENUE MCLEAN CITY STATE ZI	P CODE				
	1445-A LAUGHLIN AVENUE MCLEAN CITY STATE ZI	P CODE				
Name of Bank, I	1445-A LAUGHLIN AVENUE MCLEAN CITY STATE ZI	P CODE				
Name of Bank, I	1445-A LAUGHLIN AVENUE MCLEAN CITY STATE ZI	P CODE				

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 5 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Mailing Address **CITY** STATE . ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant KATKO FOR CONGRESS C00556365 FEC ID number

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1G (Revised 06/2011) Page List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Mailing Address **CITY** STATE . ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant VALADAO FOR CONGRESS C00499392 FEC ID number