Image# 201507089000067358				PAGE 1 / 4
FEC FORM 1	STATEMEN ORGANIZ			
		— — — — — — — — — — — — — — — — — — —		Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
Stefanik Victory	Fund			
	PO BOX 9891			
ADDRESS (number and street)				
 (Check if address is changed) 				
C ,			VA 22219	
	CITY A		STATE A	ZIP CODE
COMMITTEE'S E-MAIL ADDR	ESS			
(Check if address is changed)	ben@crosbyott.com			
	Optional Second E-Mail Add	dress		
(Check if address is changed)				
	D / Y Y Y Y 2015			
3. FEC IDENTIFICATION N		00580779		
4. IS THIS STATEMENT	× NEW (N) OR	AMENDED (A)		
certify that I have examined	this Statement and to the best	of my knowledge and belief it	t is true, correct and co	mplete.
Type or Print Name of Treasur	er Benjamin Ottenhoff			
Signature of Treasurer	jamin Ottenhoff	[Electronically Filed]	Date 07	08 / Y Y Y Y 2015
VOTE: Submission of false, erro	neous, or incomplete information ANY CHANGE IN INFORMATION	may subject the person signing ON SHOULD BE REPORTED V		nalties of 2 U.S.C. §437g
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	ion FE	EC FORM 1 Revised 06/2012)

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TYPE OF C	COMMITTEE	
Candidate	e 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. (Complet information below.)	e the candidate
Name of Candidate	L	
Candidate Party Affiliat	ion Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Cor	nmittee:	
(d)		mocratic, ublican, etc.) Par
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	ted organization is
		abor Organization
	Membership Organization Trade Association	ooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segre- committee. (i.e., nonconnected committee)	gated fund or par
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fund	draising Representative:	
^(g) X	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
Corr	nmittees Participating in Joint Fundraiser	
1.	ELISE FOR CONGRESS	393
2.	NRCC FEC ID number C C000758	320
3.	FEC ID number	
4.		

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Write or Type Committee Name

Title or Position

Stefanik Victory Fund

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

N			
	Mailing Address		
		CITY	STATE ZIP CODE
	Relationship: Connected	Organization Affiliated Committee Joint Fundrais	ing Representative Leadership PAC Sponsor
7.	Custodian of Records: Ident books and records.	fy by name, address (phone number optional) and po	osition of the person in possession of committee
	Benjamin C		
	Mailing Address	PO BOX 9891	
	Ū.		
		Arlington	VA 22219
	Title or Position	CITY	STATE ZIP CODE
	Treasurer	Telephone r	number
8.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of sistant treasurer).	the committee; and the name and address of
	Full Name Benjamin C of Treasurer I		
	Mailing Address	PO BOX 9891	
		Arlington	VA 22219 – – – – – – – – – – – – – – – – – – –
		CITY	STATE ZIP CODE

 Telephone number

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Full Name of Designated Agent															1											_
Mailing Address																										
										1													_			
						(CIT	Y									STA	ΤE			ZIF	Р С	OD	Е		
Title or Position																										
												Tele	eph	one	e ni	umt	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	Bridge Bank		
Mailing Address	1445-A Laughlin Ave		
	McLean		22219
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE