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STATEMENT OF **ORGANIZATION**

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

PAGE 1 / 4 -

FORM 1		ONGANIZATION		1 OBLIC RECORDS	
1 OTTIVI 1				2018 JUN -0700 BM 124 24	
NAME OF COMMITTEE (in	n full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
BRAUN VI	CTORY	COMMITTEE	 		
		1 1 1 1 1 1			
ADDRESS (number a	ind street)	PO BOX 9891			
☐ ◀ (Check if a is changed	d) L				
	Ľ	ARLINGTON CITY ▲		VA 22219 STATE ▲ ZIP CODE	
COMMITTEE'S E-MA	AIL ADDRESS				
☐ ◀ (Check if a is changed		BEN@CROSBYOTT.(COM		
	C	Optional Second E-Mail Ad	ddress		1
	L				
COMMITTEE'S WEE (Check if is change	address	ESS (URL)			
2. DATE	06 07	/ Y Y Y Y Y 2018			
3. FEC IDENTIFIC	CATION NUM	BER ▶ C			
4. IS THIS STATE	MENT ×	NEW (N) OR	AMENDED (A)		
I certify that I have	examined this	Statement and to the bes	st of my knowledge and belief it	is true, correct and complete.	
Type or Print Name	of Treasurer	Benjamin Ottenhoff	1 0 11		
Signature of Treasur	rer	This C	Haly	Date 06 07 201	8
NOTE: Submission of	f false, erroneou	s, or incomplete information	n may subject the person signing TION SHOULD BE REPORTED V	this Statement to the penalties of 2 U.S. /ITHIN 10 DAYS.	.C. §437g.

Office For further information contact: Federal Election Commission Use Toll Free 800-424-9530 Only Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

	FE	EC For	m 1 (Revised 02/2009)	Page 2
	TYPE	OF C	OMMITTEE	
	Cand	idate	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. (Complinformation below.)	ete the candidate
	Name Candid			
	Candid Party <i>I</i>	date Affiliatio	Office Sought: House Senate President	State
((c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name Candid			
	Party	Com	nmittee:	Nama aratia
İ	(d)		(, , , , , , , , , , , , , , , , , , ,	Democratic, epublican, etc.) Party.
	Politi	ical A	ction Committee (PAC):	
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected 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)		This committee supports/opposes more than one Federal candidate, and is NOT a separate seg committee. (i.e., nonconnected committee)	regated fund or party
			In addition, this committee is a Lobbyist/Registrant PAC.	
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
,	Joint	Fund	Iraising 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.	or more political
		Com	mittees Participating in Joint Fundraiser	
		1.	MIKE BRAUN FOR INDIANA FEC ID number C C006	53147
		2.	NRSC FEC ID number C C000	27466
		3.	FEC ID number	
		4.	FEC ID number	

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FEC Form 1 (Revised 02/	2009)	Page 3
Write or Type Committee Name		
BRAUN VICTOR	RY COMMITTEE	
6. Name of Any Connected Org	anization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
NONE		
		<u> </u>
Mailing Address		
Ł		
L		
	CITY STATE ZII	PCODE
Relationship: Connected C	rganization Affiliated Committee Joint Fundraising Representative Leade	rship PAC Sponsor
_		
 Custodian of Records: Identify books and records. 	by name, address (phone number optional) and position of the person in posses	ssion of committee
	F, BENJAMIN, , ,	•
Full Name LIII.	PO BOX 9891	
Mailing Address		
Ĺ		
Ľ	ARLINGTON VA 22219	
Title or Position	CITY STATE ZIF	CODE
TREASURER	Telephone number	
8. Treasurer: List the name and a any designated agent (e.g., ass	ddress (phone number optional) of the treasurer of the committee; and the name istant treasurer).	and address of
	, BENJAMIN, , ,	ľ
of Treasurer	PO BOX 9891	
Mailing Address		
L		
L*	ARLINGTON VA 22219	
Title or Position	CITY STATE ZIP	CODE
TREASURER	Telephone number	

FEC For	n 1 (Revised 02/2009)		Page 4
Full Name of			
Designated Agent			
Mailing Address			
Title or Position	CITY	STATE	ZIP CODE
Li Li Li Li	<u> </u>	hone number	- [
	. Domonitorio e line all boulo or other decoriorio in orbido the	o committoo donosite funde	holds accounts, rents
Banks or Other	Depositories: List all banks or other depositories in which the	e committee deposits funds,	
Banks or Other safety deposit be Name of Bank,	oxes or maintains funds.	e committee deposits initios,	
safety deposit be	oxes or maintains funds.	e committee deposits funds,	1111111
safety deposit be	oxes or maintains funds. Depository, etc.	Liting deposits funds,	
safety deposit be Name of B ank,	oxes or maintains funds. Depository, etc. CHAIN BRIDGE BANK	Little deposits funds,	
safety deposit be Name of B ank,	oxes or maintains funds. Depository, etc. CHAIN BRIDGE BANK	VA 22	101
safety deposit be Name of B an k ,	Depository, etc. CHAIN BRIDGE BANK 1445-A LAUGHLIN AVE		
safety deposit be Name of B an k ,	Depository, etc. CHAIN BRIDGE BANK 1445-A LAUGHLIN AVE MCLEAN CITY	VA 22	
safety deposit be Name of B an k , Mailing Address	Depository, etc. CHAIN BRIDGE BANK 1445-A LAUGHLIN AVE MCLEAN CITY	VA 22	
safety deposit be Name of B an k , Mailing Address	Depository, etc. CHAIN BRIDGE BANK 1445-A LAUGHLIN AVE MCLEAN CITY	VA 22	
Name of Bank, Mailing Address Name of Bank,	Depository, etc. CHAIN BRIDGE BANK 1445-A LAUGHLIN AVE MCLEAN CITY	VA 22	
Name of Bank, Mailing Address Name of Bank,	Depository, etc. CHAIN BRIDGE BANK 1445-A LAUGHLIN AVE MCLEAN CITY	VA 22	

Faxed or Hand Delivered

DANA K. MACCALLUM SUPERINTENDENT

HART SENATE OFFICE BUILDING SUITE 232

United States Senate

OFFICE OF THE SECRETARY

WASHINGTION, DC 20510-7116 .
PHONE(202) 224-0322

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

119	
HAND DELIVERED Date	Receipt
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USPS FIRST CLASS MAIL Date of	of Receipt Postmark
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USPS PRIORITY MAIL	
Postm	nark
DELIVERY CONFIRMATION OR SIG	NATURE CONFIRMATION LABEL
USPS EXPRESS MAIL	nark
OVERNIGHT DELIVERY SERVICE:	
SHIPPING DAT	E NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	🗆
UPS	
DHL	
AIRBORNE EXPRESS	— <u> </u>
RECEIVED FROM FEDERAL ELECTION	ON COMMISSION Date of Receipt
POSTMARK ILLEGIBLE	NO POSTMARK
FAX	
Date of Receipt	
OTHER	
Date of Receipt or Post	1.17144
PREPARER	DATE PREPARED

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