## 

**FEC** 

## HAND DELIVERED STATEMENT OF **ORGANIZATION**

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RECEIVED

FORM 1						2914 Office	SEP 15 Use Only	AM 11: 15
NAME OF COMMITTEE (in	n full)	O	(Check if name is changed)	Example: If typing, type over the lines.	12FĚ4	1М5 <sup>+</sup> Е	EMAIL	CENTER
CASSIDY F	OR SI	ENA	TE VICTOR	RY COMMITTE	E			
			<u> </u>	 <del>    </del>	<u> </u>	1.1.1.1	<u>l                                 </u>	<u> </u>
ADDRESS (number a	.nd street)	PO BO	)X 9891	<u> </u>	11111	_1_1:1:	<u> </u>	
(Check if address is changed)		ـــــا						
		لللا	NGTON     .		STATE 4	22219	السا	- CODE ▲
COMMITTEE'S E-MA	AIL ADDRES	 SS						·
(Check if is change	address		EB@CROSBYOT	T.COM	<u> </u>	<u>ll: 1</u>	<u> </u>	: 
·		Option	nal Second E-Mail Ad	dress		•		
			<u> </u>				<u> </u>	
COMMITTEE'S WEE	address	RESS	-			1 1 1	· . : : ·	- 33
is change	: :		<u>.</u>		· · · · · · · · · · · · · · · · · · ·	111	::à	
2. DATE	09 / 15	]/[	2014	·		· .		
3. FEC IDENTIFI	CATION_NU	MBER	► C				. <sub>ju</sub> itari 1	<u></u>
4. IS THIS STATE	MENT 🗵	NE	EW (N) OR	AMENDED (A	۸)	. :		7 E
I certify that I have	examined th	is State	ment and to the best	t of my knowledge and beli	ef it is true, co	orrect and c	complete.	
Type or Print Name	of Treasurer		aleb Crosby					
Signature of Treasur	er <u>C</u>	aleb	Crosby		Date	09 /	D V D / 15	2014
NOTE: Submission of				may subject the person sign			enalties of	2 U.S.C. §437g.
Office Use Only				For further informati Federal Election Com Toll Free 800-424-953 Local 202-694-1100	mission		EC FO (Revised 0	

Local 202-694-1100

FEC Form 1 (Revised 02/2009)	Page 2
TYPE OF COMMITTEE Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information below	v.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Co information below.)	mplete the candidate
Name of	
Candidate	
Candidate Party Affiliation Office Sought: House Senate President	State
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	12 .
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	onnected 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	segregated fund or party
committee (i.e., nonconnected committee)	*************************************
In addition, this committee is a Lobbyist/Registrant PAC.	- <del> </del>
_In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate	
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for	•
committees/organizations, none of which is an authorized committee of a federal candidate.	
Committees Participating in Joint Fundraiser	
BILL CASSIDY FOR US SENATE	00543983
REPUBLICAN NATIONAL COMMITTEE	2000440
2. FEC ID number C CO	0003418
3.	
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Write or Type Committee Nam	e	
CASSIDY FOR	SENATE VICTORY COM	MITTEE
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundrais	ing Representative, or Leadership PAC Sponsor
NONE		<u> </u>
Mailing Address		
	CITY	STATE ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee DJoint Fu	ndraising Representative Leadership PAC Sponsor
	Seed Seed	bad ·
7. Custodian of Records: Ide	entify by name, address (phone number optional) a	and position of the person in possession of committee
	 ODOODY	· · · ·
Full Name	.ROSBY	· · · · · · · · · · · · · · · · · ·
Mailing Address	PO BOX 9891 · · ·	
Walling Address:		:.
	ARLINGTON	, VA , 22219
Title or Position	CITY	STATE ZIP CODE
TREASURER-	Telepi	hone number
<u> </u>	*	
<ol> <li>Treasurer: List the name a any designated agent (e.g.,</li> </ol>	nd address (phone number $\stackrel{\text{\tiny ce}}{=}$ optional) of the treasu assistant treasurer).	rer of the committee; and the name and address of
Full Name CALEB C	CROSBY	
: Mailing Address	PO BOX 9891	
-		· · · · · · · · · · · · · · · · · · ·
	ARLINGTON	VA [22219 ] - [ ] - [ ]
Title or Position	CITY	STATE ZIP CODE
TREASURER	I I I I I I I I I I I I I I I I I I I	none number
Ī		

CITY

CITY

Name of Bank, Depository, etc.

Mailing Address

STATE

STATE

ZIP CODE

ZIP CODE

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMI The FEC added this page to the end of this filing to indic	
	Date of Receipt
Hand Delivered	9/15/14
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	-
Overnight Delivery Service (Specify):	Shipping Date
Next Bus	iness Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	of Receipt or Postmarked
A	9/15/14
PREPARER (8/2013)	DATE PREPARED