FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. SCALISE FOR CONGRESS PO BOX 23219 ADDRESS (number and street) (Check if address is changed) **JEFFERSON** 70183-3219 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address MICHELE@CROSBYOTT.COM is changed) Optional Second E-Mail Address BEN@CROSBYOTT.COM COMMITTEE'S WEB PAGE ADDRESS (URL) WWW.STEVESCALISE.COM (Check if address is changed) DATE 30 2025 C00394957 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. Type or Print Name of Treasurer OTTENHOFF, BENJAMIN, , OTTENHOFF, BENJAMIN, , , Date 01 30 2025 Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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

Local 202-694-1100

EC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) X 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
Name of SCALISE, STEVE, , MR., Candidate	
Candidate Party Affiliation REP Sought: X House Senate President	State LA It District 01
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	
(d) This committee is a	mocratic, ublican, 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	_abor 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)	gregated 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.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution accounts (Hy	ybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) 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.	•
(j) 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.	r two or more political
Committees Participating in Joint Fundraiser	
1C	

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\ <u>\</u>	FEC Form 1 (Revised Write or Type Committee Nar	·	Page 3
•	SCALISE FOR		
6.		Organization, Affiliated Committee, Joint Fundraising Represen	Itative, or Leadership PAC Sponsor
٠.	SCALISE LEADER		, or <u></u>
	Mailing Address	317 15TH ST NE	
		WASHINGTON	OC 20002
		CITY ▲ STA	ATE ▲ ZIP CODE ▲
	Relationship: Connect	ed Organization Affiliated Organization X Joint Fundraising Rep	presentative Leadership PAC Spons
7.	Custodian of Records: Ide	entify by name, address (phone number optional) and position of the	person in possession of committee
	OTTENI	HOFF, BENJAMIN, , ,	
	Full Name		
	Mailing Address	PO BOX 9891	
		ALEXANDRIA	'A 22219
		OITV A	71D 00DE A
	Title or Position ▼	CITY ▲ STA	ATE ▲ ZIP CODE ▲
	TREASURER		
	INCASORER	Telephone number	
8.	Treasurer: List the name any designated agent (e.g	and address (phone number optional) of the treasurer of the com., assistant treasurer).	nmittee; and the name and address of
	Full Name OTTEN	HOFF, BENJAMIN, , ,	
	of Treasurer		
	Mailing Address	PO BOX 9891	
			<u> </u>
		ALEXANDRIA	VA 22219
	Til	CITY ▲ STA	TE ▲ ZIP CODE ▲
	Title or Position ▼		
	TREASURER	Telephone number	

Telephone number

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
Title on Desition	CITY ▲ STATE ▲	ZIP CODE ▲
Title or Position •		
	Depositories: List all banks or other depositories in which the committee deposits fur xes or maintains funds.	nds, holds accounts, rents
Name of Bank, D	Depository, etc.	
	FIRST BANK AND TRUST	
Mailing Address		
	NEW ORLEANS	70160-0007
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, D		
	GULF COAST BANK AND TRUST	
Mailing Address	5001 VETERANS BLVD	
	METAIRIE LA	70006
	CITY ▲ STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
Jama of Any Connector	l Organization, Affiliated Committee, Joint Fund	reising Depresentative	o at Londorchin DAC Spans
TEAM SCALISE	Organization, Anniated Committee, John Pund	I alsing hepresentative	., or Leadership FAC Spons
Mailing Address	320 1ST ST SE		
	WASHINGTON	DC	20003
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte		t Fundraising Representa	ative Leadership PAC Spo
Connecte	ed Organization Affiliated Committee X Join	t Fundraising Representa	Leadership PAC Spo
Connecte Designated Agent: Identi	ed Organization Affiliated Committee X Join	t Fundraising Representa	Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	ed Organization Affiliated Committee X Join	t Fundraising Representa	Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	ed Organization Affiliated Committee X Join	t Fundraising Representa	Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	Affiliated Committee X Join fy by name, address (phone number – optional)	t Fundraising Representation	Leadership PAC Spo
Connecte Designated Agent: Identi Full Name Mailing Address	Affiliated Committee X Join fy by name, address (phone number – optional) CITY		
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite tafety deposit boxes or management of the connected teacher or management or management of the connected teacher or management or man	Affiliated Committee X Join fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Sanks or Other Deposite afety deposit boxes or make the proposition of Bank, Depository, etc.	Affiliated Committee X Join fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which naintains funds. N BRIDGE BANK	STATE A	ZIP CODE A

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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	Participant:			
1.			FEC ID number	C
2.			FEC ID number	C
3.			FEC ID number	C
4.			FEC ID number	C
Name of Any Connected (Organization, Affiliated C	committee, Joint Func	Iraising Representative	e, or Leadership PAC Sponsor
SCALISE LEADERSH	IP FUND 2024			
Mailing Address	320 1ST ST SE			
	WASHINGTON		DC	20003
Relationship:	,	CITY A	STATE ▲	ZIP CODE ▲
П	Organization Affiliate	d Committee X Joir	nt Fundraising Representa	ative Leadership PAC Sponse
Full Name				
Mailing Address				
	1			I , , , , I-I , , , ,
TITLE OR POSITION	▼ Cl	TY 🛦	STATE ▲	ZIP CODE ▲
TITLE OR POSITION	▼ Cl	ı	STATE STATE Felephone Number	ZIP CODE ▲

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisi	ng Farticipant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	l Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
DEI END GOIX MAG			
Mailing Address	320 FIRST ST SE		
	WASHINGTON	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecto	ed Organization Affiliated Committee X Joint fy by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC Sp
Connecte		t Fundraising Representa	Leadership PAC Sp
Connecte esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)	st Fundraising Representation	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which naintains funds.	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which naintains funds.	STATE A Telephone Number	ZIP CODE A