FEC

FORM 1

MAID DELIVERED

STATEMENT OF **ORGANIZATION**

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RECEIVED

			2014 AUS 25 only 13: 31	
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4MSEC MAIL CENTER	
THE COMSTOCK	HOUSE VICTO	ORY FUND		
	1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1	<u> </u>	
ADDRESS (number and street)	PO BOX 9891			
(Check if address is changed)				
(Fe) is changed)	ARLINGTON	1	VA 22219	
	CITY A		STATE:▲ ZIP CODE ▲	
COMMITTEE'S E-MAIL ADDRES		- 0014		
(Check if address is changed)	CALEB@CROSBYOT	I.COM 		
,	Optional Second E-Mail Ad	dress		
COMMITTEE'S WEB PAGE ADD	DESS (LIDL)			
(Check if address	I			
is changed)				
		<u> </u>		
2. DATE 08 25 2014				
3. FEC IDENTIFICATION NU	MBER ▶ C			
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined thi	is Statement and to the best	of my knowledge and belief	it is true, correct and complete.	
Type or Print Name of Treasurer	Caleb Crosby			
Signature of Treasurer	alsb Crosby		Date 8 25 2014	

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.

Off	fice	For further information contact:	FEC FORM 1
	se nly	Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	(Revised 06/2012)

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		OMMITTEE			
(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. (Complete the candidate information below.)			
Name Cand			<u> </u>		
Cand Party	idate Affiliati	Office on Sought: House Senate President	State		
			District		
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.			
Name Cand					
Part	y Con	nmittee:			
(d)			emocratic, epublican, etc.) Party.		
Polit	tical A	ction Committee (PAC):			
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ected organization is a		
		Corporation Wo 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 segrecommittee. (i.e., nonconnected committee)	egated 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	t Fund	draising Representative:			
(g)	X	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.	or more political		
(h)	1,1.11	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	imittees Participating in Joint Fundraiser			
	1.	NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE	5820 		
	2.	COMSTOCK FOR CONGRESS FEC ID number C C0055	4261		
	3.	FEC ID number C	" · :		
		1			

Write or Type Committee Name

THE COMSTC	OCK HOUSE VICTOR	Y FUND	
6. Name of Any Connected	Organization, Affiliated Committee, Join	it Fundraising Representative,	or Leadership PAC Sponsor
NONE			
Mailing Address			
	CITY	STATE	ZIP CODE
Relationship: Connect	ed Organization Affiliated Committee	Joint Fundraising Representa	Leadership PAC Sponsor
books and records.	entify by name, address (phone number	optional) and position of the p	erson in possession of committee
CALEB (Full Name	CROSBY	<u> </u>	<u> </u>
Mailing Address	PO BOX 9891	!	
-			
	ARLINGTON	VA L	22219
Title or Position	CITY	STATE	ZIP CODE
TREASURER		Telephone number	
any designated agent (e.g.,		the treasurer of the committee;	and the name and address of
Full Name CALEB C	CROSBY		
Mailing Address	PO BOX 9891		
	ARLINGTON CITY	VA STATE	22219 - L L L L L L L L L L L L L L L L L L
Title or Position TREASURER		Telephone number	

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<u></u>		
Full Name of Designated Agent	CALEB CROSBY	<u> </u>
Mailing Address	PO BOX 9891] []
	ARLINGTON VA 22219 CITY STATE	ZIP CODE
Title or Position TREASURER	Telephone number	
Banks or Other safety deposit bo Name of Bank, [Depositories : List all banks or other depositories in which the committee deposits funds, hold xes or maintains funds. Depository, etc.	is accounts, rents
	CHAIN BRIDGE BANK	1 1 1 1 1 1
Mailing Address	1445-A LAUGHLIN AVE	11111
Name of Bank, [CITY STATE	ZIP CODE
Name of Dank, t	repository, etc.	
Mailing Address		
	CITY STATE	ZIP CODE

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DO The FEC added this page to the end of this filing to indicate ho	
Hand Delivered	Date of Receipt
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 Business I	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):	ceipt or Postmarked
ON THE REPORT OF THE PARTY OF T	8/26/14
PREPARER (8/2013)	DATE PREPARED