HAND DELIVE....

FEC FORM 1

STATEMENT OF **ORGANIZATION**

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2014 JUL - 1 PM 3: 21

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NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	H
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1				
	PO BOX 9891			<u> </u>
ADDRESS (number and street)				
(Check if address is changed)		<u></u>	<u> </u>	<u> </u>
3 -1,	ARLINGTON		VA 2	2219
	CITY ▲		STATE A	ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	:SS			
(Check if address	CALEB@CROSBYOT	гт.сом		ı
is changed)				
	Optional Second E-Mail Ad	ddress		ı
COMMITTEE'S WEB PAGE AD	DRESS (URL)			
(Check if address	1			1
is changed)		<u> </u>	<u> </u>	
		<u> </u>		
2. DATE 07 / 01	. 4			
3. FEC IDENTIFICATION N	MAI .	ganas ganas ganas gara nos estas passaganames		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined th	nis Statement and to the bes	at of my knowledge and belief i	t is true, correct a	nd complete.
	0.1.1.0			
Type or Print Name of Treasure	r Caleb Crosby			
Signature of Treasurer	alsb Crosby		Date 07	/ 01 / 2014
NOTE: Submission of false, errone		n may subject the person signing TION SHOULD BE REPORTED V		e penalties of 2 U.S.C. §437g.
Office Use		For further information of Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 06/2012)

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		OMMITTEE		
Car	ndidate	e Committae:		
(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. (Cominformation below.)	plete the candidat	е
	ne of didate			
	didato y Affiliati	on Sought: House Senate President	State District	eredbro-s
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	i.a.	
Nam Can	ne of didate			Ш
Par	ty Con	nmittee:		
(d)		g programme and the second sec	(Democratic, Republican, etc.) I	Party.
Pol	itical A	ction Committee (PAC):	•	
(e)		This committee is a separate segregated fund. (Identify corrected organization on line 6.) Its con-	nected organizatio	ın is a
		Corporation Corporation w/o Capital Stock	Labor Organizat	ion
		Membership Organization Trade Association	Cooperative	
		In addition, this committee is a Lobbyist/Registrant PAC.	Сооролимо	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate se 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.)		
Joir	nt Func	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)	X	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.	o or more political	
	Com	mittees Participating in Joint Fundraiser		
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Write	or Type Comn	nittee Name			_												_
TH	HE CAL	IFORN	NA MA	JORI	TY	FU	ND)									
6. N	ame of Any Co	onnected O	rganization, A	Affiliated (Commi	ittee, J	oint F	undra	aising	Repr	esenta	tive, c	r Lead	ership	PAC	Spon	sor
NOI	NE																
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					CITY						STAT	E		ZIF	COL	DE	
Re	elationship:	Connected	Organization	Affiliate	ed Com	nmittee		Joint I	Fundra	aising	Repres	sentati	ve !	Leade	ship I	PAC S	ponsor
	ustodian of Record		ify by name, a	address (p	hone n	numbei	r op	otional) and	positio	on of the	ne per	son in	osses	sion (of con	nmittee
		CALEB CR	OSBY														
Fu	II Name	1											1.1.	لسلسا			لللا
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Tit	le or Position				CITY						STATE			ZIP	COD	E	
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	easurer: List the y designated ac				r opt	tional)	of the	treas	surer (of the	commi	ttee; a	ind the	name	and a	ddres	s of
	li Name Treasurer	CALEB CRO	OSBY	<u> </u>		<u> </u>		<u></u>	1_1_			<u></u>	1 1		1	LL	
Ma	illing Address		PO BOX 9891			لــــــا		<u> </u>	<u> </u>			<u> </u>					لـنــا
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Full Name of Designated	CALEB CROSBY	
Agent		
Mailing Address	PO BOX 9891	
		<u> </u>
	ARLINGTON VA 22	2219
	CITY STATE	ZIP CODE
Title or Position TREASURER	Telephone number	-
Banks or Other I safety deposit box Name of Bank, D	Depositories: List all banks or other depositories in which the committee deposits funds ses or maintains funds. epository, etc.	, holds accounts, rents
	CHAIN BRIDGE BANK	1 1 1 1 1 1
Mailing Address	1445-A LAUGHLIN AVE	<u> </u>
		1
		2101
	CITY STATE	ZIP CODE
Name of Bank, D	epository, etc.	
Mailing Address		
Mailing Address		
Mailing Address		

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The FEC added this page to the end of this filing	ig to indicate how if was received.
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USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark fllegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery
Received from House Records & Registratio	Date of Receipt n Office
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
PREPARER	7/1/14 DATE PREPARED
	

(8/2013)