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. Congressional Leadership Fund 1747 Pennsylvania Avenue, NW ADDRESS (number and street) 5th Floor (Check if address is changed) WASHINGTON 20006 DC CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address compliance@clcompliance.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.congressionalleadershipfund.org (Check if address is changed) DATE 2024 C00504530 FEC IDENTIFICATION NUMBER 3. X OR IS THIS STATEMENT NEW (N) 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 Crosby, Caleb,, Date 06 25 2024 Signature of Treasurer Crosby, Caleb, , , 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 F	Form 1 (Revised 03/2022) Page	e 2
. TY	PE OF COMMITTEE:	
Ca	andidate 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. (Complete the candidat information below.)	te
	Name of Candidate	
	Candidate Party Affiliation Office Sought: House Senate President District	-
(c)		
	Name of Candidate	
Pa	arty Committee:	
(d)	This committee is a (National, State (Democratic, Republican, etc.) Part	īy
Po	olitical Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	ation is a:
	Corporation Corporation w/o Capital Stock Labor Organization	n
	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 committee. (i.e., nonconnected committee)	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 (Hybrid PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
Jo	pint Fundraising Representative:	
(i)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more po committees/organizations, at least one of which is an authorized committee of a federal candidate.	litical
(j)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more po committees/organizations, none of which is an authorized committee of a federal candidate.	litical
	Committees Participating in Joint Fundraiser	
	1 C	-

ı	FEC Form 1 (Revised 0	2/2009)		Page 3
V	rite or Type Committee Name	andorchin Fund		
	Congressional L	•		
6.	-	rganization, Affiliated Committee, Join	nt Fundraising Representati	ve, or Leadership PAC Sponsor
	PROTECT THE HOL	JSE 2024		
	Mailing Address	PO BOX 30844		
		BETHESDA	MD MD	20824
		CITY A	STATE	▲ ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization	X Joint Fundraising Repres	entative Leadership PAC Spons
	Trefationship.	Allillated Organization	Joint Fundraising Nepres	Leadership TAO Spons
7.	Custodian of Records: Identi books and records.	ify by name, address (phone number op	otional) and position of the pe	rson in possession of committee
	Crosby, Ca	ıleb, , ,		
	Full Name			
	Mailing Address	1747 Pennsylvania Avenue, NW		
		5th Floor		
		Washington	DC DC	20006
		OITV. A	OTATE	
	Title or Position ▼	CITY ▲	STATE	▲ ZIP CODE ▲
	Treasurer		Telephone number	
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of assistant treasurer).	f the treasurer of the commit	ttee; and the name and address of
	Full Name Crosby, Ca	ıleb, , ,		
	of Treasurer			
	Mailing Address	1747 Pennsylvania Avenue, NW		
		5th Floor		
		Washington	DC	
		CITY A	STATE	▲ ZIP CODE ▲
	Title or Position ▼			
	Treasurer		Telephone number	

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Full Name of Designated Agent		
Mailing Address		
Title or Desition	CITY ▲ STATE ▲	ZIP CODE ▲
Title or Position		
Banks or Other safety deposit box	Depositories: List all banks or other depositories in which the committee deposits funds, however or maintains funds.	olds accounts, rents
Name of Bank, D	epository, etc.	
	Chain Bridge Bank	
Mailing Address		
		1
		ZIP CODE ▲
	CITY ▲ STATE ▲	ZIP CODE A
Name of Bank, D	epository, etc.	
	Wells Fargo Bank	
Mailing Address	8302 Woodmont Avenue	
	Bethesda MD 20814	<u> </u>
	CITY ▲ STATE ▲	ZIP CODE ▲

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

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1		FEC ID n	umber	C
2.		FEC ID n	umber	C
3.		FEC ID n	umber	C
4.		FEC ID n	umber	C
Name of Any Connecte	l Organization, Affiliated Committee, Joi	nt Fundraising Repre	sentative	, or Leadership PAC Spons
SCALISE LEADERS	SHIP FUND 2024		1 1 1	
Mailing Address	320 1ST ST SE			
	WASHINGTON	1	DC	20003
Relationship:	CITY ▲	S	STATE A	ZIP CODE ▲
Connect	ed Organization Affiliated Committee fy by name, address (phone number – opt	X Joint Fundraising R	depresenta	tive Leadership PAC Spo
Connect	_		depresenta	tive Leadership PAC Spo
Connect Connect Designated Agent: Ident	_		depresenta	tive Leadership PAC Spo
Connect Designated Agent: Ident Full Name	_		depresenta	tive Leadership PAC Spo
Connect Designated Agent: Ident Full Name	_		depresenta	tive Leadership PAC Spo
Connect Designated Agent: Ident Full Name Mailing Address	fy by name, address (phone number – opt	ional)	tepresentar	Leadership PAC Spo
Connect Designated Agent: Ident Full Name	fy by name, address (phone number – opt	ional)	ATE A	

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

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1			
2.		FEC ID number	С
		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
		•	
Name of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Spons
GROW THE MAJOR	TY 		
Mailing Address	228 S WASHINGTON ST STE 115		
	ALEXANDRIA	, , VA ,	22314
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
		oint Fundraising Represent	
	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name Mailing Address	CITY A		ZIP CODE A

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	C
4.		FEC ID number	C
ame of Any Connected	l Organization, Affiliated Committee, Joint Fund	draising Representative	e. or Leadership PAC Spons
MAX MILLER VICTO		· ·	
Mailing Address	824 S MILLEDGE AVE STE 101		
	ATHENS	GA	30605
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)		
	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	CITY	STATE A	ZIP CODE A
Full Name	CITY A	STATE Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	CITY ▲ cries: List all banks or other depositories in which aintains funds.	Telephone Number	s funds, holds accounts, rent
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank,	CITY ▲ cries: List all banks or other depositories in which aintains funds.	Telephone Number	s funds, holds accounts, rent
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY ▲ cries: List all banks or other depositories in which aintains funds.	Telephone Number	s funds, holds accounts, rent
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY ▲ cries: List all banks or other depositories in which aintains funds.	Telephone Number	s funds, holds accounts, rent

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

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			FEC II	0 number	С
			FEC II	0 number	C
			FEC II	0 number	С
Any Connected C	Organization, Affili	iated Committee, Joint	Fundraising Re	oresentativ	e, or Leadership PAC Spons
ER MAJORITY B	UILDERS				
ling Address	824 S. MILLEDG	E AVE. STE. 101			
	ATHENS		<u> </u>	GA	30605
ationship:		CITY A		STATE A	ZIP CODE ▲
lame					
g Address					
E OR POSITION ¶	y	CITY A		STATE A	ZIP CODE ▲
				017.11.2.2	
	ling Address ationship: Connected Agent: Identify	ling Address 824 S. MILLEDG ATHENS ationship: Connected Organization ed Agent: Identify by name, address	See MAJORITY BUILDERS 824 S. MILLEDGE AVE. STE. 101 ATHENS Athens Affiliated Committee Xee Agent: Identify by name, address (phone number – option lame Address Addres	Any Connected Organization, Affiliated Committee, Joint Fundraising Report MAJORITY BUILDERS 824 S. MILLEDGE AVE. STE. 101	ling Address 824 S. MILLEDGE AVE. STE. 101 ATHENS Connected Organization Affiliated Committee Affiliated