FEC

STATEMENT OF

PAGE 1 / 4

ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. American Crossroads P.O. Box 34413 ADDRESS (number and street) (Check if address is changed) Washington 20043 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@americancrossroads.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.americancrossroads.org (Check if address is changed) DATE 2017 C00487363 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. Crosby, Caleb, , , Type or Print Name of Treasurer Crosby, Caleb,,, [Electronically Filed] 02 10 2017 Signature of Treasurer Date 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. Office For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
	naidate	Committee:	
(a)	Ш	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	plete the candidate
	ne of didate		
	didate y Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	ne of didate		
Par	ty Con	nmittee:	
(d)		(National, State	Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cont	nected 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)			areasted fund or porty
(f)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fulld of 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 Fund	raising 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)		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	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC Form 1 (Revised	02/2009)	Page 3
Write or Type Committee Nam		J
American Cros	sroads	
	Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	ership PAC Sponsor
NONE		
<u> </u>		<u> </u>
Mailing Address		
	CITY	7ID 00DF
	CITY STATE	ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the person in	possession of committee
Crosby, C	Caleb, , ,	
Full Name	P.O. Box 34413	
Mailing Address		
	Washington DC 2004:	3
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 202	559 - 6428
. Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	name and address of
Full Name Crosby, C	Caleb, , ,	
of Treasurer	IP.O. Box 34413	
Mailing Address		
	LWachington : 100 to 10	, , .
	Washington DC 20043 CITY STATE	ZIP CODE
Title or Position Treasurer	Telephone number	559 6428

	1 (Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
Name of Bank, D		
Mailing Address	Chain Bridge Bank 1445-A Laughlin Ave McLean VA 22101	
	McLean VA 22101	7IB CODE
	McLean CITY STATE	ZIP CODE
Mailing Address	McLean CITY STATE	ZIP CODE
Mailing Address Name of Bank, D	1445-A Laughlin Ave McLean CITY STATE Depository, etc.	ZIP CODE