PAGE 1/5

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Charter Schools Action PAC 1101 15th Street, NW ADDRESS (number and street) **Suite 1010** (Check if address is changed) Washington 20005 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS ben@crosbyott.com (Check if address is changed) Optional Second E-Mail Address eric@charteraction.org COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2018 C00576215 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. Ottenhoff, Benjamin, , , Type or Print Name of Treasurer Ottenhoff, Benjamin, , , [Electronically Filed] 06 2018 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

FI	FC Fo	rm 1 (Revised 02/2009)	Page <b>2</b>		
TYPE	OF C	OMMITTEE	1 4go <b>2</b>		
Cano	didate	Committee:			
(a)	Ш	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 Candi					
Candid Party	date Affiliati	Office Sought: House Senate President	State		
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.			
Name Candid					
Party	y Con	nmittee:			
(d)		· · · · · · · · · · · · · · · · · · ·	(Democratic, Republican, etc.) Party.		
Politi	ical A	ction Committee (PAC):			
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	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)	x	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)			
		In addition, this committee is a Lobbyist/Registrant PAC.			
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)			
Joint	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 <b>Form 1</b> (Revised	02/2009)	Page <b>3</b>
Write or Type Committee Nam		5
Charter School	s Action PAC	
	Organization, Affiliated Committee, Joint Fundraising Representa	ative, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STAT	TE ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Repres	sentative Leadership PAC Sponso
<ol> <li>Custodian of Records: Idea books and records.</li> </ol>	ntify by name, address (phone number optional) and position of t	the person in possession of committee
Ottenhoff Full Name	, Benjamin, , ,	
Mailing Address	1101 15th Street, NW	
ag / laa. eee	Suite 1010	
	Washington	20005
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	
3. <b>Treasurer:</b> List the name are any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the comm assistant treasurer).	nittee; and the name and address of
Full Name Ottenhoff	Benjamin, , ,	
Mailing Address	1101 15th Street, NW	
	Suite 1010	
	Washington	20005
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	

FEC Form	n 1 (Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent	Paisner, Eric, , ,	
Mailing Address	1101 15th Street NW	
	Suite 1010	
	Washington DC 20005 CITY STATE	ZIP CODE
Title or Position		1.1
	Telephone number	
Name of Bank, [	Chain Bridge Bank  1445-A Laughlin Avenue	
	McLean VA 22101	
	CITY STATE	ZIP CODE
Name of Bank, [	Depository, etc.	
Mailing Address		
	CITY STATE	ZIP CODE

## : 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: F1A Transaction ID:

This is an amendment to the Statement of Organization originally filed on April 17, 2015. New treasurer reported.

Form/Schedule: Transaction ID: