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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. BLUE COLLAR VICTORY FUND PO BOX 9891 ADDRESS (number and street) (Check if address is changed) ARLINGTON 22219 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS BEN@CROSBYOTT.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2017 C00640854 FEC IDENTIFICATION NUMBER > 3. 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] 05 18 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 Toll Free 800-424-9530 Only Local 202-694-1100

(Revised 06/2012)

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
Car	ndidate	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. (Com information below.)	plete the candidate
Nam Can	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
Nam Can	ne of didate		
Par	ty Con	nmittee:	
(d)			(Democratic, Republican, etc.) Party.
Poli	itical 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 W/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	·
(f)	П	This committee supports/opposes more than one Federal candidate, and is NOT a separate se	gregated 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.)	
Join	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.	CARLOS CURRELO CONGRESS	546846
	2.	DENHAM FOR CONGRESS FEC ID number C C004	173272
	3.	KATKO FOR CONGRESS FEC ID number C COOR	556365
	4.	STEVE KNIGHT FOR CONGRESS FEC ID number C C005	54014

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Write or Type Committee Name		<u> </u>
BLUE COLLAR	VICTORY FUND	
6. Name of Any Connected Or	rganization, Affiliated Committee, Joint Fundraising Representative, or Leaders	hip PAC Sponsor
NONE		
1 1 1 1 1 1 1 1 1 1 1	<u> </u>	<u> </u>
Mailing Address		
	CTATE CTATE	
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Lea	adership PAC Sponsor
 Custodian of Records: Ident books and records. 	ify by name, address (phone number optional) and position of the person in pos	ssession of committee
	FF, BENJAMIN, , ,	
Full Name	PO BOX 9891	
Mailing Address		
	ARLINGTON , VA , 22219	
	ARLINGTON	
Title or Position	CITY STATE	ZIP CODE
TREASURER	Telephone number	
8. Treasurer: List the name and any designated agent (e.g., as	address (phone number optional) of the treasurer of the committee; and the na ssistant treasurer).	me and address of
Full Name OTTENHOF of Treasurer	FF, BENJAMIN, , ,	
Mailing Address	PO BOX 9891	
	<u> </u>	
	ARLINGTON VA 22219	
Tible or Decition	CITY STATE	ZIP CODE
Title or Position TREASURER	Telephone number =	

1 20 1 0111	n 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	[1 1 1 1 1 1 1
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	oxes or maintains funds.	
Name of Bank, I	Depository, etc. CHAIN BRIDGE BANK	
	Depository, etc.	
Name of Bank, [Depository, etc. CHAIN BRIDGE BANK	
Name of Bank, [CHAIN BRIDGE BANK 1445-A LAUGHLIN AVE	ZIP CODE
Name of Bank, [CHAIN BRIDGE BANK 1445-A LAUGHLIN AVE MCLEAN CITY STATE	ZIP CODE
Name of Bank, I	CHAIN BRIDGE BANK 1445-A LAUGHLIN AVE MCLEAN CITY STATE	
Name of Bank, I	CHAIN BRIDGE BANK 1445-A LAUGHLIN AVE MCLEAN CITY STATE Depository, etc.	
Name of Bank, I	CHAIN BRIDGE BANK 1445-A LAUGHLIN AVE MCLEAN CITY STATE Depository, etc.	
Name of Bank, I	CHAIN BRIDGE BANK 1445-A LAUGHLIN AVE MCLEAN CITY STATE Depository, etc.	

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 5 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Mailing Address **CITY** STATE . ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant POLIQUIN FOR CONGRESS C00518654 FEC ID number

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FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 7 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Mailing Address **CITY** STATE . ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant **NRCC** C00075820 FEC ID number