Image# 20160926903	2137909
FEC	

09/26/2016 14 : 54

PAGE 1 / 4 🗕

STAT	EME	NT	OF
ORG	ANIZ	ATI	ON

FORM 1			
			Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
Cometook Vieton	, Eurod		
Comstock Victory			
	PO Box 9891		
ADDRESS (number and street)			
(Check if address is changed)			
is changed)	Arlington	· · · · · · · · · · · · ·	VA22219
			STATE A ZIP CODE A
COMMITTEE'S E-MAIL ADDRE	ISS		
(Check if address	caleb@crosbyott.com		
is changed)			
	Optional Second E-Mail Ad	dress	
 (Check if address is changed) 			
2. DATE 03 / 2.			
3. FEC IDENTIFICATION N	UMBER ► C c	00574632	
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)	
I certify that I have examined the	his Statement and to the best	of my knowledge and belief it	is true, correct and complete.
Type or Print Name of Treasure	er Caleb Crosby		
			M = M / D = D / Y = Y = Y
Signature of Treasurer	b Crosby	[Electronically Filed]	Date 09 26 2016
NOTE: Submission of false, erron		may subject the person signing the North Revealed to the person signing the North Revealed to the North Reveal	his Statement to the penalties of 2 U.S.C. §437g.
Office		For further information co	
Use Only		Federal Election Commissio Toll Free 800-424-9530	

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	. ugo -
Car	ndidate	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. (Com information below.)	plete the candidate
	ne of didate		
	didate y Affiliati	on Office Sought: House Senate President	State
(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Can	ne of didate		
Par	ty Con	nmittee:	
(d)			(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 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)		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.)	
Join	nt Func	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(h)	×	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.		554261
	2.	NRCC	075820
	3.	REPUBLICAN PARTY OF VIRGINIA INC	001305
	4.	FEC ID number	

FEC Form 1 (Revised 02/2009)

Page 3

ZIP CODE

Write or Type Committee Name

Comstock Victory Fund

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

N												
				<u></u>								
L												
	Mailing Address											
		CITY	STATE	ZIP CODE								
	Relationship: Connected	Organization Affiliated Committee Jo	int Fundraising Representative	Leadership PAC Sponsor								
7.	Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.											
	Caleb Cros	by										
	Full Name	PO Box 9891										
	Mailing Address											
		Arlington		2219								
	Title or Position	CITY	STATE	ZIP CODE								
	Treasurer		Telephone number]-[]-[]								
8.	 Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). 											
	Full Name Caleb Cros of Treasurer	by										
	Mailing Address	PO Box 9891										
			VA 22	2219								

Title or Position Treasurer |-| |-Telephone number 1

CITY

STATE

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent																		1	1									
Mailing Address		L																										
		L																										
							CI				 									L		71						
Title or Position							CI	ΙΥ									517	41 E				ZI	P	JUL	JE			
												Tele	eph	one	e ni	umt	ber											

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Chain	Bridge Bank		
Mailing Address	1445-A Laughlin Ave		
	McLean	VA [22101] - []	
	CITY	STATE ZIP CODE	
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE ZIP CODE	