**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. SCALISE FOR CONGRESS PO BOX 23219 ADDRESS (number and street) (Check if address is changed) **JEFFERSON** 70183-3219 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address MICHELE@CROSBYOTT.COM is changed) Optional Second E-Mail Address BEN@CROSBYOTT.COM COMMITTEE'S WEB PAGE ADDRESS (URL) WWW.STEVESCALISE.COM (Check if address is changed) DATE 2023 C00394957 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. Type or Print Name of Treasurer OTTENHOFF, BENJAMIN, , OTTENHOFF, BENJAMIN, , , Date 12 14 2023 Signature of Treasurer 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 Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) X 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 information below.)	e candidate
Name of Candidate SCALISE, STEVE, , MR.,	
Candidate Party Affiliation REP Office Sought: X House Senate President	State LA  District 01
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the Republican,	•
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connecte	d organization is a:
Corporation Corporation w/o Capital Stock Labor O	rganization
Membership Organization Trade Association Coopera	_
In addition, this committee is a Lobbyist/Registrant PAC.	
This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	d 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.)	
(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 PA	IC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, none of which is an authorized committee of a federal candidate.	r more political
Committees Participating in Joint Fundraiser	
1C	

	EEO Form 4 (Decision	d 03/2000)		Doro <b>2</b>
\ <u>\</u>	FEC Form 1 (Revise Write or Type Committee Na	·		Page 3
•	SCALISE FOR			
6.		Organization, Affiliated Committee, Joint Fundraising Represen	ntative. or I ea	dership PAC Sponsor
٠.	SCALISE LEADER		, 0. 200	and the openion
	Mailing Address	317 15TH ST NE		
		WASHINGTON	OC   200	002
		CITY ▲ STA	ATE 🛦	ZIP CODE ▲
	п.			_
	Relationship: Connect	ted Organization Affiliated Organization X Joint Fundraising Rep	oresentative	Leadership PAC Spons
7.	Custodian of Records: Ide	entify by name, address (phone number optional) and position of the	e person in pos	session of committee
	OTTEN	HOFF, BENJAMIN, , ,		
	Full Name			
	Mailing Address	PO BOX 9891		
		ALEXANDRIA	/A     222	219
		OTTV A		71D 00DE A
	Title or Position ▼	CITY ▲ STA	ATE ▲	ZIP CODE ▲
	TREASURER			
	INCASORER	Telephone number		
8.	Treasurer: List the name any designated agent (e.g	and address (phone number optional) of the treasurer of the com	nmittee; and th	e name and address of
	Full Name 07771			
	Full Name OTTEN of Treasurer	HOFF, BENJAMIN, , ,		
	Mailing Address	PO BOX 9891		
		ALEXANDRIA	VA   222	219
	Title or Position ▼	CITY ▲ STA	ATE A	ZIP CODE ▲
	TREASURER	Telephone number	<sub>     </sub>	-  , ,  -  , , ,

Telephone number

FEC Form	I (Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent		
Mailing Address		
	CITY ▲ STATE	▲ ZIP CODE ▲
Title or Position	▼	
. Banks or Other safety deposit bo	<b>Depositories:</b> List all banks or other depositories in which the committee depositories or maintains funds.	its funds, holds accounts, rents
Name of Bank, [	Depository, etc.	
Moiling Address	FIRST BANK AND TRUST PO BOX 60007	
Mailing Address	NEW ORLEANS LA	70160-0007
	CITY ▲ STATE A	▲ ZIP CODE ▲
Name of Bank, [	Depository, etc.	
	GULF COAST BANK AND TRUST	
Mailing Address	5001 VETERANS BLVD	
	METAIRIE LA	70006
	CITY ▲ STATE	▲ ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

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(h). <b>Joint Fundra</b>	ising Participant:		
1		FEC ID numb	per C
2		FEC ID numb	oer C
3.		FEC ID numb	per C
4.		FEC ID numb	per C
Name of Any Connec	ted Organization, Affiliated Committee, Joir	t Fundraising Represent	tative, or Leadership PAC Spon
TEAM SCALISE			
Mailing Address	320 1ST ST SE		
Ů ·			
	WASHINGTON	, , , , , , , , DO	20003
Relationship:	OITV A		E ▲ ZIP CODE ▲
	CITY ▲ ected Organization Affiliated Committee	STAT  X Joint Fundraising Repre	
Conne		X Joint Fundraising Repre	
Conne  Designated Agent: Ide  Full Name	ected Organization Affiliated Committee	X Joint Fundraising Repre	
Conne	ected Organization Affiliated Committee	X Joint Fundraising Repre	
Conne  Designated Agent: Ide  Full Name	ected Organization Affiliated Committee	X Joint Fundraising Repre	
Conne  Designated Agent: Ide  Full Name	ected Organization Affiliated Committee	X Joint Fundraising Repre	
Conne  Designated Agent: Ide  Full Name	Affiliated Committee  entify by name, address (phone number – opti	X Joint Fundraising Repre	esentative Leadership PAC S
Connection Connecticut Connection Connecticut Connection Connectic Connection Connection Connection Connection Connection Connectica Connection	Affiliated Committee  entify by name, address (phone number – opti	X Joint Fundraising Representation	esentative Leadership PAC S
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Connection Connectica	Affiliated Committee  Intify by name, address (phone number – option of the committee)  CITY   CITY   Sitories: List all banks or other depositories in maintains funds.  AIN BRIDGE BANK	X Joint Fundraising Representation on all STATE  Telephone Number	Leadership PAC Spanning PAC Spa
Connection Connectica	Affiliated Committee  Intify by name, address (phone number – option of the committee)  CITY   CITY   Sitories: List all banks or other depositories in maintains funds.  AIN BRIDGE BANK	X Joint Fundraising Representation on all STATE  Telephone Number	Leadership PAC Space    ZIP CODE    posits funds, holds accounts, renu

FEC Form 1S (Revised 02/2017)

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

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	ng Participant:			
1		FE	C ID number	C
2.		FE:	C ID number	С
3.			C ID number	С
4.			C ID number	C
Name of Any Connected	l Organization, Affiliated Comm	ittee, Joint Fundraising	Representative	e, or Leadership PAC Sponsor
SCALISE LEADERS	HIP FUND 2024			
Mailing Address	320 1ST ST SE			
	WASHINGTON		DC	20003
Relationship:	CITY .		STATE A	ZIP CODE ▲
	ed Organization Affiliated Con		using Representa	
Full Name				
Mailing Address				
	1			
			1 1 . 1	
TITLE OF POSITION	CITY A		J L STATE ▲	ZIP CODE ▲
TITLE OR POSITION	CITY ▲		STATE ▲ e Number	ZIP CODE ▲