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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. Ohio Senate Fund PO Box 26141 ADDRESS (number and street) (Check if address is changed) Alexandria 22313 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS .chris@electioncfo.com (Check if address is changed) Optional Second E-Mail Address brenda@electioncfo.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 03 2017 C00634303 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. Marston, Chris, , , Type or Print Name of Treasurer Marston, Chris,,, [Electronically Filed] 03 03 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

_			D 0
		OMMITTEE	Page 2
		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. (Compinformation below.)	lete the candidate
Name Cand	e of lidate		
	lidate Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of lidate		
Part	ty Com	nmittee:	Domoovatio
(d)		· · · ·	Democratic, Republican, etc.) Party
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	nected organization is
		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 seg 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	t 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.		

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Write or Type Committee Na		3
Ohio Senate F	- und	
	d Organization, Affiliated Committee, Joint Fundraising Representativ	ve, or Leadership PAC Sponsor
NONE		
Mailing Address		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee Joint Fundraising Represer	ntative Leadership PAC Sponsor
7. Custodian of Records: le books and records.	dentify by name, address (phone number optional) and position of the	person in possession of committee
	s, Brenda, , ,	
Full Name	PO Box 26141	
Mailing Address	1	
	Alexandria	22313
Title or Position	CITY STATE	ZIP CODE
Assistant Treasurer	Telephone number	
3. Treasurer: List the name any designated agent (e.g	and address (phone number optional) of the treasurer of the committe j., assistant treasurer).	ee; and the name and address of
	n, Chris, , ,	
of Treasurer	PO Box 26141	
Mailing Address		
	Alexandria	22313
	CITY STATE	ZIP CODE
Title or Position Treasurer	Talankana mumbu	
	Telephone number	

T LC FUII	n 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
Walling Address		
	CITY	7ID CODE
Title or Position	CITY STATE	ZIP CODE
safety deposit be Name of Bank, I		us decounts, rems
safety deposit bo	oxes or maintains funds.	
safety deposit be Name of Bank, I	Depository, etc. Eagle Bank	
safety deposit be Name of Bank, I	Depository, etc. Eagle Bank 277 N Washington St	ZIP CODE
safety deposit be Name of Bank, I	Depository, etc. Eagle Bank 277 N Washington St Alexandria CITY STATE	
safety deposit be Name of Bank, I	Depository, etc. Eagle Bank 277 N Washington St Alexandria CITY STATE Depository, etc.	ZIP CODE
safety deposit be Name of Bank, I Mailing Address	Depository, etc. Eagle Bank 277 N Washington St Alexandria CITY STATE	ZIP CODE
safety deposit be Name of Bank, I	Depository, etc. Eagle Bank 277 N Washington St Alexandria CITY STATE Depository, etc.	ZIP CODE
Safety deposit be Name of Bank, I Mailing Address	Depository, etc. Eagle Bank 277 N Washington St Alexandria CITY STATE Depository, etc.	ZIP CODE
Safety deposit be Name of Bank, I Mailing Address	Depository, etc. Eagle Bank 277 N Washington St Alexandria CITY STATE Depository, etc.	ZIP CODE

: 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1N Transaction ID:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Form/Schedule: Transaction ID: