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. OHIO FARM BUREAU FEDERATION INC-AGRICULTURE FOR GOOD GOVERNMENT PAC (OFBF-AGGPAC) 280 NORTH HIGH STREET ADDRESS (number and street) (Check if address is changed) Columbus 43215-2537 ОН CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS ylesicko@ofbf.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.farmvotesmatter.org (Check if address is changed) DATE 02 2019 C00161265 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. Sharp, Adam, J.,, Type or Print Name of Treasurer Sharp, Adam, J.,, [Electronically Filed] 07 2019 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					
	naidate	date Committee:					
(a)	ш	This committee is a principal campaign committee. (Complete the candidate information below.)					
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
Nam Can	ne of didate						
	didate y Affiliati	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 confidence of the control of th	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 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.)					
Join	nt Fund	raising 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.	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				
	Committees Participating in Joint Fundraiser						
	1.	FEC ID number					
	2.	FEC ID number					
	3.	FEC ID number					
	4.						

FFO Farms 4 (Davis and	00/0000)		D
FEC Form 1 (Revised Write or Type Committee Nam			Page 3
			MENT DAC (OFDE ACCDAC)
	EDERATION INC-AGRICULTUR		· · · · · · · · · · · · · · · · · · ·
6. Name of Any Connected (Organization, Affiliated Committee, Jo	oint Fundraising Representativ	e, or Leadership PAC Sponsor
Ohio Farm Bureau Fe	deration		
	280 N High St		
Mailing Address			
	Columbus	OH .	43215-2537
	Columbus		
	CITY	STATE	ZIP CODE
Relationship: x Connecte	d Organization Affiliated Committee	Joint Fundraising Represer	ntative Leadership PAC Sponsor
 Custodian of Records: Ide books and records. 	ntify by name, address (phone number	optional) and position of the	person in possession of committee
Full Name			
	1		
Mailing Address			
Title or Position	CITY	STATE	ZIP CODE
		Telephone number	
Treasurer: List the name an any designated agent (e.g.,	nd address (phone number optional) of assistant treasurer).	of the treasurer of the committe	e; and the name and address of
Full Name Sharp, Ad	am, J., ,		
of Treasurer			
Mailing Address	9234 Thomas Hill Rd SW		
	Stoutsville	OH	43154-9776
Title or Position	CITY	STATE	ZIP CODE
Treasurer		Telephone number	

FEC Form 1 ((Revised 02/2009)	Page 4
Full Name of Designated Agent Sha	narp, Adam, J., ,	
Mailing Address	9234 Thomas Hill Rd SW	
	Stoutsville , OH	, ,43154-9776
	Stoutsville OH CITY STATE	
Title or Position Treasurer	Telephone number	
Ranks or Other Den	positories: List all banks or other depositories in which the committee dep	osits funds, holds accounts, rents
safety deposit boxes		
	or maintains funds.	
safety deposit boxes Name of Bank, Depo	or maintains funds.	
safety deposit boxes Name of Bank, Depo	or maintains funds. sitory, etc.	
safety deposit boxes Name of Bank, Depo	or maintains funds. sitory, etc. ifth Third- General Fund	
safety deposit boxes Name of Bank, Depo	or maintains funds. sitory, etc. ifth Third- General Fund	
safety deposit boxes Name of Bank, Depo	or maintains funds. pository, etc. Ifth Third- General Fund PO Box 630900	1 45263-0900
safety deposit boxes Name of Bank, Depo	or maintains funds. pository, etc. Ifth Third- General Fund PO Box 630900 Cincinnati CITY STATE	1 45263-0900
safety deposit boxes Name of Bank, Depo Fi Mailing Address Name of Bank, Depo	or maintains funds. pository, etc. Ifth Third- General Fund PO Box 630900 Cincinnati CITY STATE	1 45263-0900
safety deposit boxes Name of Bank, Depo Fi Mailing Address Name of Bank, Depo	or maintains funds. psitory, etc. Ifth Third- General Fund PO Box 630900 Cincinnati CITY STATE Distory, etc.	H 45263-0900 - I ZIP CODE
safety deposit boxes Name of Bank, Depo Fi Mailing Address Name of Bank, Depo	or maintains funds. pository, etc. Ifth Third- General Fund PO Box 630900 Cincinnati CITY STATE pository, etc.	H 45263-0900 - I ZIP CODE
safety deposit boxes Name of Bank, Depo Fi Mailing Address Name of Bank, Depo	or maintains funds. pository, etc. Ifth Third- General Fund PO Box 630900 Cincinnati CITY STATE pository, etc.	H 45263-0900 — I ZIP CODE

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

FEC Form 1S (Revised 02/2017)

Page _5 **of** 5___

5(a)	or(h). Joint Fundraisi n	ng Participant:		
(9)	1.		FEC ID number	C
	2.		FEC ID number	C
			FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID Humber	C
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Sponsor
	Mailing Address	1		
	Mailing Address			
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	d Organization Affiliated Committee Join	nt Fundraising Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify Full Name	y by name, address (phone number - optional)		
	Mailing Address			
	TITLE OR POSITION	CITY A	STATE A	ZIP CODE ▲
	TITLE OR POSITION	. ▼	STATE ▲ Telephone Number	ZIP CODE ▲
9.	Banks or Other Deposito safety deposit boxes or ma	ories: List all banks or other depositories in which	Telephone Number	
9.	Banks or Other Deposito safety deposit boxes or ma	pries: List all banks or other depositories in which aintains funds.	Telephone Number	
9.	Banks or Other Deposito safety deposit boxes or many Name of Bank, Depository, etc.	ories: List all banks or other depositories in which aintains funds. and Bank	Telephone Number	
9.	Banks or Other Deposito safety deposit boxes or many Name of Bank, Depository, etc.	ories: List all banks or other depositories in which aintains funds. and Bank	Telephone Number	