22037750082

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# FEC FORM 1

# STATEMENT OF ORGANIZATION

(See instructions)

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

STRAT PAC

ADDRESS (number and street) 440 E TOWN ST SUITE 1020

☐ (Check if address is changed)

COLUMBUS OH 43206

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 09 24 2002

3. FEC IDENTIFICATION NUMBER ▶ C

4. 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 GLENN W. MATTHEWS

Signature of Treasurer [signature] Date 09 24 2002

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 Use Only | | | | |
|---|---|---|---|---|

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 1/01)

FE1AN-06.PDF

5. TYPE OF COMMITTEE (Check One)

(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. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation

Office Sought: ☐ House ☐ Senate ☐ President

State

District

(c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

(d) ☐ This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

(e) ☒ This committee is a separate segregated fund.

(f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization

☐ Membership Organization ☐ Trade Association ☐ Cooperative

FEC Form 1 (Revised 1/01) Page 3

Write or Type Committee Name

STRIPT PAC

7. Custodian of Records: Identify by name, address (phone number – optional) and position of the person in possession of committee books and records.

Full Name: GLENN W. MATTHEWS

Mailing Address: 140 E. TOWN ST. SUITE 1020

COLUMBUS OH 43215

Title or Position ▼: TREASURER

CITY ▲: COLUMBUS

STATE ▲: OH

ZIP CODE ▲: 43215

Telephone number: 614-222-5490

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 of Treasurer: GLENN W. MATTHEWS

Mailing Address: 140 E. TOWN ST. SUITE 1020

COLUMBUS OH 43215

Title or Position ▼: TREASURER

CITY ▲: COLUMBUS

STATE ▲: OH

ZIP CODE ▲: 43215

Telephone number: 614-222-5490

Full Name of Designated Agent: THOMAS R. WOHLTMANN

Mailing Address: 140 E. TOWN ST. SUITE 1020

COLUMBUS OH 43215

Title or Position ▼: ASST. TREASURER

CITY ▲: COLUMBUS

STATE ▲: OH

ZIP CODE ▲: 43215

Telephone number: 614-222-5490

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.

FIRST THIRD BANK

Mailing Address 21 E. STATE STREET

COLUMBUS OH 43215

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

22037750086

Federal Election Commission

# ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

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| ☐ | Electronic Filing | |

PREPARER

10/4/02
DATE PREPARED

(6/2000)