Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. STRATEGIC PUBLIC PARTNERS LLC PAC (SPP-PAC) 815 Grandview Avenue ADDRESS (number and street) Suite 300 (Check if address is changed) Columbus 43215 ОН CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS johnson@sppgrp.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 08 2020 C00499343 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. Johnson, Jessica, , , Type or Print Name of Treasurer Johnson, Jessica, , , [Electronically Filed] 04 08 2020 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

Local 202-694-1100

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		OMMITTEE	
	aidate	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. (Compinformation below.)	lete the candidate
Nam Can	e of didate		
	didate y Affiliatio	Office on Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, epublican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected 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 seg committee. (i.e., nonconnected committee)	regated 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	ıt 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.	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.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number C	
	4.		

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	te or Type Committee Name		
_S	TRATEGIC PI	UBLIC PARTNERS LLC PAC (SPP-PAC)	
6.	Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadershi	p PAC Sponsor
NC	NE		
	Mailing Address		
	vialility Address		
		CITY STATE Z	IP CODE
F	Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative Lead	ership PAC Sponsor
t F	Johnson, Johnson, Mailing Address	815 Grandview Avenue Suite 300	ession of committee
		Columbus OH 43215	
1	Fitle or Position	CITY STATE Z	IP CODE
		Telephone number 614 – 63	38 0130
8. T	reasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	e and address of
	full Name Johnson, J	lessica, , ,	
N	Mailing Address	815 Grandview Avenue	
		Suite 300	
		Columbus	
т	itle or Position	CITY STATE ZI	P CODE
Ĺ			88 0130

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
	poxes or maintains funds. Depository, etc.	
Name of Bank,	Depository, etc. Huntington National Bank 141 S. High Street	
	Depository, etc. Huntington National Bank 141 S. High Street	
Name of Bank,	Depository, etc. Huntington National Bank 141 S. High Street	5
Name of Bank,	Depository, etc. Huntington National Bank 41 S. High Street	ZIP CODE
Name of Bank,	Depository, etc. Huntington National Bank 41 S. High Street Columbus OH 43215	
Name of Bank, Mailing Address	Depository, etc. Huntington National Bank 41 S. High Street Columbus OH 43215	
Name of Bank, Mailing Address	Depository, etc. Huntington National Bank 41 S. High Street Columbus OH 43215	
Name of Bank, Mailing Address	Depository, etc. Huntington National Bank 41 S. High Street Columbus CITY STATE Depository, etc.	
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Huntington National Bank 41 S. High Street Columbus CITY STATE Depository, etc.	
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Huntington National Bank 41 S. High Street Columbus CITY STATE Depository, etc.	