Only

STATEMENT OF

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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. Committee to Elect Bill Ebben 6434 Oregon Pass ADDRESS (number and street) (Check if address is changed) West Chester 45069 ОН CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS bill@billebben.com (Check if address is changed) Optional Second E-Mail Address hroszmann@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) http://billebbenforcongress.com/ (Check if address is changed) DATE 2018 C00665604 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. Roszmann, John, Henry, , Type or Print Name of Treasurer Roszmann, John, Henry, , [Electronically Filed] 01 2018 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

ſ	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
(a)	×	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	e of	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.) Ebben, William, Harry, ,	olete the candidate
	lidate	Ebberi, William, Harry, ,	
	lidate ⁄ Affiliati	on DEM Office Sought: X House Senate President	State OH District 08
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of lidate		
Part	ty Con	nmittee: (National, State	Democratic,
(d)			Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its confi	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 secommittee. (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	Iraising 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
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number C	
	1		

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Write or Type Committee Name		
Committee to El	ect Bill Ebben	
6. Name of Any Connected Or	ganization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	ip PAC Sponsor
NONE		
Mailing Address		
		. 1-1
	CITY STATE Z	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Lead	dership PAC Sponsor
Custodian of Records: Ident books and records.	ify by name, address (phone number optional) and position of the person in poss	session of committee
Roszmann, Full Name	John, Henry, ,	
Mailing Address	1235 Dayton Avenue	
	Washington Court House OH 43160	
Title or Position	CITY STATE Z	ZIP CODE
Treasurer	Telephone number 740 – 3	335 - 8765
B. Treasurer: List the name and any designated agent (e.g., as	address (phone number optional) of the treasurer of the committee; and the names sistant treasurer).	ne and address of
Full Name Roszmann, of Treasurer	John, Henry, ,	
Mailing Address	1235 Dayton Avenue	
	Washington Court House OH 43160	
Title or Position Treasurer		ZIP CODE 8765

Full Name of Designated Agent	Ebben, Daniel, Patrick, ,	
Mailing Address	1786 Leway Drive	
	Fairfield OH 45014 CITY STATE ZIF	P CODE
Title or Position Designated Ager	nt Telephone number 513 - 646	6 4970
safety deposit box	Depositories: List all banks or other depositories in which the committee deposits funds, holds a	ccounts, rents
Name of Bank, D	Depository, etc.	
Name of Bank, D		
	Depository, etc. Huntington	
Name of Bank, D	Depository, etc. Huntington 150 East Court Street	
Name of Bank, D	Pepository, etc. Huntington 150 East Court Street Washington C. H. OH 43160	P CODE
Name of Bank, D	Pepository, etc. Huntington 150 East Court Street Washington C. H. OH 43160 CITY STATE ZIF	P CODE
Name of Bank, D	Pepository, etc. Huntington 150 East Court Street Washington C. H. OH 43160 CITY STATE ZIF	P CODE
Name of Bank, D	Pepository, etc. Huntington 150 East Court Street Washington C. H. OH 43160 CITY STATE ZIF	P CODE
Name of Bank, D	Pepository, etc. Huntington 150 East Court Street Washington C. H. OH 43160 CITY STATE ZIF	P CODE
Name of Bank, D	Pepository, etc. Huntington 150 East Court Street Washington C. H. OH 43160 CITY STATE ZIF	P CODE

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

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			FEC ID number	С
2.			FEC ID number	C
3.			FEC ID number	С
4.			FEC ID number	C
ame of Any Connected	Organization, Affiliated Con	nmittee, Joint Fundra	ising Representativ	e, or Leadership PAC Spor
<u> </u>				
Mailing Address				
Relationship:	CIT	Y 🛦	STATE A	ZIP CODE ▲
	2), aaa (p	umber – optional)		
Full Name	lisabeth, Roszmann, , 6434 Oregon Pass	Uniber – Optional)		
	lisabeth, Roszmann, ,			
Full Name	lisabeth, Roszmann, , 6434 Oregon Pass		OH	. 45069
Full Name	lisabeth, Roszmann, , 6434 Oregon Pass West Chester		OH	45069
Full Name	lisabeth, Roszmann, , 6434 Oregon Pass West Chester		STATE A	45069 ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	lisabeth, Roszmann, , 6434 Oregon Pass West Chester			ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Designated Agent Age	lisabeth, Roszmann, , 6434 Oregon Pass West Chester CITY	Tele	STATE ▲	ZIP CODE A 513 - 773 - 56
Full Name Mailing Address TITLE OR POSITION Designated Agent Line Agent Agen	lisabeth, Roszmann, , 6434 Oregon Pass West Chester CITY	Tele	STATE ▲	ZIP CODE A 513 - 773 - 56
Full Name Mailing Address TITLE OR POSITION Designated Agent Anks or Other Depositor anks or Other Depositor and deposite boxes or main arme of Bank,	lisabeth, Roszmann, , 6434 Oregon Pass West Chester CITY	Tele	STATE ▲	ZIP CODE A 513 - 773 - 56
Full Name Mailing Address TITLE OR POSITION Designated Agent Anks or Other Depositor anks or Other Depositor and deposite boxes or main arme of Bank,	lisabeth, Roszmann, , 6434 Oregon Pass West Chester CITY	Tele	STATE ▲	ZIP CODE A 513 - 773 - 56
Full Name Mailing Address TITLE OR POSITION Designated Agent anks or Other Depositor affety deposit boxes or material deposition and the properties of the position of the properties of the	lisabeth, Roszmann, , 6434 Oregon Pass West Chester CITY	Tele	STATE ▲	ZIP CODE A 513 - 773 - 56