

Taft Stettinius & Hollister LLP  
65 E. State Street, Suite 1000  
Columbus  
OH 43215



**FROM**

**TO**

Name: Donald Brey

Federal Elections Commission

Phone: 614.334.6105 Fax: 614.221.2007

1-202-219-0174

E-mail:



Sent: 9/16/16

at: 3:37:31 PM

6 page(s) (including cover)

Subject: Form 1 Filing - Ohio In Action Super PAC

Comments:

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NOTICE TO THE PUBLIC

**OHIO IN ACTION SUPER PAC**

196 South Grant Avenue, #602  
Columbus, Ohio 43215

September 16, 2016

Federal Election Commission  
999 E Street, N.W.  
Washington, D.C. 20463

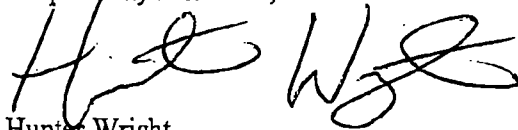
RE: Form 1, Statement of Organization – Unlimited Contributions

To Whom It May Concern:

Ohio In Action Super PAC 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.

Ohio In Action Super PAC will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,



Hunter Wright  
Treasurer, Ohio-In-Action-Super-PAC

2016-09-16 15:37:31

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (In full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

Ohio In Action Super PAC

ADDRESS (number and street)

196 South Grant Avenue, #602

(Check if address is changed)

Columbus

OH

43215

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

hunter@tompappas.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

09 / 16 / 2016

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

Hunter Wright

Signature of Treasurer

Date

09 / 16 / 2016

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 02/2009)

5. TYPE OF COMMITTEE

Candidate 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. (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 \_\_\_\_\_

Party Committee:

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

Political Action Committee (PAC):

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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.)

Joint Fundraising Representative:

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. \_\_\_\_\_ FEC ID number  C
2. \_\_\_\_\_ FEC ID number  C
3. \_\_\_\_\_ FEC ID number  C
4. \_\_\_\_\_ FEC ID number  C

NOTED ON 10/10/2016

Write or Type Committee Name

Ohio In Action Super PAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Ohio In Action, Inc.

Mailing Address

196 South Grant Avenue, #602

Columbus

CITY

OH

STATE

43215

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

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

Hunter Wright

Mailing Address

196 South Grant Avenue, #602

Columbus

CITY

OH

STATE

43215

ZIP CODE

Treasurer

Telephone number

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

Hunter Wright

Mailing Address

196 South Grant Avenue, #602

Columbus

CITY

OH

STATE

43215

ZIP CODE

Title or Position

Treasurer

Telephone number

614 - 560 - 5391

NOTICE OF INFORMATION

Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid for Title or Position]

Telephone number

[Empty grid for Telephone number]

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.

U.S. Bank [Empty grid for Name of Bank]

Mailing Address

10 West Broad Street [Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

Columbus OH 43215 [Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty grid for Name of Bank, Depository, etc.]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

20160916 15:37:31 6 /6

**Via FAX**

441-6000 : NO : CH : 00 : 01 : 01

Federal Election Commission  
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N/A PREPARER	N/A DATE PREPARED
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2013-08-16 16:00:00