Image# 12950044146 PAGE 1 / 4

## STATEMENT OF

FORM 1		OR	GANI	ZATI	ON							Office	e Use	Only			
NAME OF     COMMITTEE (ir	n full)	<b>^</b> '	ck if name anged)		ample:If er the lin	,, 0	type	[	12E	E4	М5						
SQUIRE SAN	DERS (	JS) LLP I	POLITIC	CAL AC	CTION	CON	MMI <sup>-</sup>	ГТЕ	Ε'	SQ	UIF	RE S	SAN	DE	RS	PA	'C'
ADDRESS (number a	nd street)	1201 PENNS	SYLVANIA A	AVENUE N	IW 												
(Check if as is changed)		WASHINGT	ON						DC			20004	1 	 	 		
				CITY				,	STAT	E			ZI	Р СО	DE		
COMMITTEE'S E-MA			vide only on te@squiresa					ı	1 1			ı	1 1	1 1	ı	l I	, I
(Check if is change																	
COMMITTEE'S WEB	PAGE ADD	RESS (URL)															
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(Check if is change																	
2. DATE 0	M / D I		)12														
3. FEC IDENTIFIC	CATION NU	MBER	C	C004449	35												
4. IS THIS STATE	MENT	NEW (N)	OR	>	< AM	//ENDE	D (A)										
I certify that I have e	examined thi	s Statement a	and to the b	est of my	knowled	ge and	belief	it is	true	, cor	rect	and c	omple	ete.			
Type or Print Name	of Treasurer	Alex Shuma	ate														
Signature of Treasure	Alex Shu er	mate			[Electro	onically	Filed]	D	ate	N	01	′ [	10	/	Y	2012	Y
NOTE: Submission of		ous, or incomp		•	-			_				the pe	enalties	of 2	U.S.	C. §4	437g.
Office Use Only					Federal Toll Free	her info Election 800-424 02-694-1	Commis 4-9530		act:				<b>EC</b> Revis				

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE  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. (Compinformation below.)	lete the candidate
Nam Can	e of didate		
	didate / Affiliati	on Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	D
(d)			Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.	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)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate seg committee. (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 two 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	
	1		

FEC Form 1 (Revised 02/2009	))	Page 3
Write or Type Committee Name		
SQUIRE SANDERS (US)	LLP POLITICAL ACTION COMMITTEE 'SQUIRE	SANDERS PAC'
6. Name of Any Connected Organization	ation, Affiliated Committee, Joint Fundraising Representative, or Lead	ership PAC Sponsor
NONE		
Mailing Address		
		-
	CITY STATE	ZIP CODE
Relationship: Connected Organ	Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
<ol> <li>Custodian of Records: Identify by books and records.</li> </ol>	name, address (phone number optional) and position of the person in	possession of committee
David S. Goodma	n	
Full Name 4900	Key Tower	
Mailing Address		
127 F	Public Square	
Cleve	eland OH 4411	4-1304 –
Title or Position	CITY STATE	ZIP CODE
Chairman	Telephone number 216 –	479 - 8500
Treasurer: List the name and addre any designated agent (e.g., assistan	ess (phone number optional) of the treasurer of the committee; and the treasurer).	name and address of
Full Name Alex Shumate		1
of Treasurer	Huntington Center	
Mailing Address		
	outh High Street	-
Colur		
Title or Position Treasurer	CITY STATE	ZIP CODE
<u> </u>	Telephone number	

FFC <b>F</b>	1 (Paying 0.2 /2000)	Daga 4
FEC <b>FOR</b>	m 1 (Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position	Telephone number	
safety deposit be	oxes or maintains funds.	
Name of Bank,	Depository, etc.  BB&T Bank  601 13th Street, NW	
	Depository, etc.  BB&T Bank  601 13th Street, NW	
Name of Bank,	Depository, etc.  BB&T Bank  601 13th Street, NW	5
Name of Bank,	Depository, etc.  BB&T Bank  601 13th Street, NW	5 ZIP CODE
Name of Bank,	Depository, etc.  BB&T Bank  601 13th Street, NW  Washington  CITY  STATE	
Name of Bank,	Depository, etc.  BB&T Bank  601 13th Street, NW  Washington  CITY  STATE	ZIP CODE
Name of Bank,	Depository, etc.    BB&T Bank	ZIP CODE
Name of Bank, Mailing Address  Name of Bank,	Depository, etc.    BB&T Bank	ZIP CODE
Name of Bank, Mailing Address  Name of Bank,	Depository, etc.    BB&T Bank	ZIP CODE