FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See in	Office use only	
1. NAME OF COMMITTEE (in	(Check if no is changed)		12FE4M5
BUCKEYE PAG	; 		
ADDRESS (number and s	street) 865 Macon All	ey	
(Check if address is changed)	Columbus		OH 43206 -
COMMITTEE'S E-MAI	LADDRESS	CITY▲	STATE▲ ZIP CODE ▲
wcurlis@colur			1
COMMITTEE'S WEB	PAGE ADDRESS (URL)		
COMMITTEE'S FAX N 614-444-2054	IUMBER		
2. DATE 0 1	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
3. FEC IDENTIFICA	TION NUMBER	C C00356378	
4. IS THIS STATEM	ENT X NEW (N)	OR AMENDED (A)	
I certify that I have exami	ned this Statement and to the best o	f my knowledge and belief it is true, correct	and complete
Type or Print Name of	Treasurer Mr. Willian	n L Curlis	
Signature of Treasurer	Electronically Filed by Mr.	William L Curlis	Date 01 / 21 / YYYY
NOTE: Submission of fal	•	ation may subject the person signing this S	tatement to the penalties of 2 U.S.C. S437g. D WITHIN 10 DAYS
Office Use Only		For further information Federal Election Community Toll Free 800-424-953	nission FEC FORM 1

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5.	TYPE OF CO	TYPE OF COMMITTEE (Check One)																
	(a) X	This committee	e is a princi	pal campaign c	committee. (Complete the	candidate inf	formation below.)										
	(b)	This committee information belo		orized committ	ee, and is N	OT a principa	ıl campaign c	committee. (Comple	te the candidate									
	Name of Candidate																	
	Candidate Party Affiliatio	n REP		Office Sought:	Но	use	Senate	Presiden	State t District									
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.																	
	Name of Candidate																	
	(d)	This committee	is a		(Nationa (or subo	I, State rdinate) comn	nittee of the		(Democratic, Republican,etc.) Party.									
	(e)	This committee	is a separa	ate segregated	fund													
	(f)	This committee committee.	supports/o	opposes more tl	nan one Fed	eral candidate	e, and is NO	T a separate segreç	ated fund or party									
6.	Name of Any	Connected Org	janization	or Affiliated C	Committee													
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L																		
	Mailing Addre	ess			1 1 1 1	1 1 1 1												
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					CITY			STATE A	ZIP CODE 🛕									
								OTALL	Z.II 0052 🙇									
	Relationship																	
	Type of Conn	ected Organizatio	on:															
	Corpo	oration		С	orporation w	/o Capital Sto	ock	Labor Org	ganization									
							Cooperative											

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Write or Type Committee Name					
BUCKEYE PAC					
 Custodian of Records: Ider possession of Committee b 	ntify by name, address, (phone number ooks and records.	oer optional), and position	on of the	person in	
Full Name William	L. Curlis				
Mailing Address	865 Macon Alley				
	Columbus	ОН		43206	
Title or Position ♥	CITY A	STATE	A	ZIP CO	DE A
Treasurer		Telephone number _	614	444	2042
8. Treasurer: List the name a name and address of any c	nd address (phone number optior designated agent (e.g., assistant trea	nal) of the treasurer of the asurer).	committe	ee; and the	
Full Name of Treasurer Mr. Willi	am L Curlis				
Mailing Address	865 Macon Alley				
	Columbus	OH		43206 _	
Title or Position ♥	CITY A	STATE	A	ZIP CO	DE 🛦
		Telephone number	614	444	2042
Full Name of Designated Agent					
Mailing Address					
Till as Basilia as					
Title or Position ♥	CITY A	STATE	A	ZIP COI	DE A
		Telephone number _			

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9.	Banks or Other I							l ba	nks	s or	oth	ner	de	pos	sito	ries	in	wh	iich	the	e co	omr	nitt	ee d	dep	osi	ts f	unc	ls,	holo	ds	acc	our	ıts,	rer	nts			
	Name of Bank, Depository, etc.																																						
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	Mailing Address					ı							1						1		1	1		1		1					ı		1		1	1	1	1	, 1
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