STATEMENT OF ORGANIZATION

(See reverse side for instructions)

TO BE FILLED IN BY STATE PARTY

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

1999 DEC 15 P 2:00

1. (a) NAME OF COMMITTEE IN FULL ☐ (Check if name is changed)
Ohio State Republican Party

2. DATE
12/10/99

(b) Number and Street Address ☐ (Check if address is changed)
211 S. Fifth Street

3. FEC Identification Number
C00162339

(c) City, State and ZIP Code
Columbus OH 43215

4. Is This Report An Amendment?
☒ YES ☐ NO

5. TYPE OF COMMITTEE (Check one)

☐ (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	State/District

☐ (c) This committee supports/opposes only one candidate _____ (name of candidate) and is NOT an authorized committee.

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

☐ (e) This committee is a separate segregated fund.

☒ (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.
Joint Fundraising Committee

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
1999 State Victory Fund Committee		Joint Fundraising Representative

Type of Connected Organization
☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization ☒ Membership Organization ☐ Trade Association ☐ Cooperative

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	Mailing Address	Title or Position
Glenn W. Matthews	211 S. Fifth Street Columbus, OH 43215	CEO

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	Mailing Address	Title or Position
Sarah Brown	1200 Fernwood Alliance, OH 44601	Treasurer

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.	Mailing Address and ZIP Code
BB&T Bank	1421 Prince Street, Alexandria, VA 22314

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	SIGNATURE OF TREASURER	DATE
Sarah Brown	Sarah M. Brown	12/10/99

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties 2 U.S.C. §437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202-694-1100

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FEC FORM 1
(revised 4/87)