| Image# 20190326914                         | 5944300           |  |   |                      | PAGE 1/4                        |
|--|-------------------|--|---|----------------------|---------------------------------|
| FEC<br>FORM 1                              |                   | STATEME<br>ORGANIZ                               |   | Of                   | fice Use Only                   |
| 1. NAME OF<br>COMMITTEE (ir                | , full)           | (Check if name is changed)                       | Example:If typing, type over the lines.   | 12FE4M5              |                                 |
|  | ,                 |  |   |                      |                                 |
|  |                   |  |   |                      |                                 |
| ADDRESS (number a                          | nd street)        | 701 LIMA AVENUE                                  |   |                      |                                 |
| <ul> <li>(Check if a is changed</li> </ul> |                   |  |   |                      |                                 |
|  |                   | FINDLAY<br>└ └ └ └ └ └ └ └ └ └ └ └ └ └ └ └ └ └ └ |   | OH 458<br>STATE ▲    | 40<br>                          |
| COMMITTEE'S E-MA                           | AIL ADDRES        | S  |   |                      |                                 |
| ★ (Check if a is changed                   |                   | GCBialek@coopertire.                             |   |                      |                                 |
|  | -,                | Optional Second E-Mail Ad<br>ZMDunn@coopertire   |   |                      |                                 |
| COMMITTEE'S WEB                            | address           | RESS (URL)                                       |   |                      |                                 |
| 2. DATE 0                                  |                   | 2019   |   |                      |                                 |
| 3. FEC IDENTIFIC                           | CATION NU         | MBER ► C c                                       | 00370270  |                      |                                 |
| 4. IS THIS STATE                           | MENT X            | NEW (N) OR                                       | AMENDED (A)   |                      |                                 |
| I certify that I have e                    | examined thi      | s Statement and to the best                      | t of my knowledge and belief it   | is true, correct and | complete.                       |
| Type or Print Name                         | of Treasurer      | Bialek, Gerald, C, Mr.,                          |   |                      |                                 |
| Signature of Treasure                      | er <i>Bialek,</i> | Gerald, C, Mr.,                                  | [Electronically Filed]  | Date 03              | 26 / Y Y Y Y<br>2019            |
| NOTE: Submission of                        |                   |  | may subject the person signing to Northead Market Market Northead Northead Market Northead Northead Northead No |                      | penalties of 2 U.S.C. §437g.    |
| Office<br>Use<br>Only                      |                   |  | For further information c<br>Federal Election Commissi<br>Toll Free 800-424-9530<br>Local 202-694-1100          |                      | FEC FORM 1<br>(Revised 06/2012) |

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| FEC Form 1 (Revised 02/2009)   | Page <b>2</b>                         |
|--|---------------------------------------|
| TYPE OF COMMITTEE  |                                       |
| Candidate Committee:   |                                       |
| (a) This committee is a principal campaign committee. (Complete the candidate information below  | ow.)                                  |
| (b) This committee is an authorized committee, and is NOT a principal campaign committee. (C information below.)   | Complete the candidate                |
| Name of Candidate  |                                       |
| Candidate Office Sought: House Senate Presiden   | Statet<br>District                    |
| (c) This committee supports/opposes only one candidate, and is NOT an authorized committee   | ŀ.                                    |
| Name of<br>Candidate   |                                       |
| Party Committee:   |                                       |
| (d) This committee is a (National, State or subordinate) committee of the  | (Democratic,<br>Republican, etc.) Par |
| Political Action Committee (PAC):  |                                       |
| (e) X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its   | connected organization is             |
| Corporation V/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 committee. (i.e., nonconnected committee)   | e segregated fund or par              |
| 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 committees/organizations, at least one of which is an authorized committee of a federal candidates of the committee of a federal candidates of the committee of t |                                       |
| h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.  | or two or more political              |
| Committees Participating in Joint Fundraiser   |                                       |
| 1 FEC ID number C  |                                       |
| 2 FEC ID number C  |                                       |
| 3 FEC ID number C  |                                       |
| 4.   |                                       |

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

## COOPER TIRE & RUBBER COMPANY POLITICAL ACTION COMMITTEE

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

| COOPER TIRE & RI                               | UBBER COMPANY POLITICA                   | L ACTION COMMITTEE                   |                            |
|--|--|--------------------------------------|----------------------------|
|  |  |                                      |                            |
| Mailing Address                                | 701 LIMA AVENUE                          |                                      |                            |
|  |  |                                      |                            |
|  |  | OH 45                                | 5840<br>– – –              |
|  | CITY                                     | STATE                                | ZIP CODE                   |
| Relationship: Connec                           | cted Organization 🗶 Affiliated Committee | Joint Fundraising Representative     | Leadership PAC Sponsor     |
| 7. Custodian of Records: lo books and records. | dentify by name, address (phone number   | optional) and position of the person | in possession of committee |

| Bialek, G         | Gerald, C, Mr.,  |
|-------------------|--|
| Full Name         |  |
| Mailing Address   | 701 Lima Avenue  |
|                   |  |
|                   | Findlay     OH     45840   |
| Title or Position | CITY STATE ZIP CODE  |
| Treasurer         | 1     1     1     1     1     1     1     1     6212       1     1     1     1     1     1     1     1     1 |

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<br>of Treasurer | Bialek, Gerald, C, Mr., |      |       |       |  |
|---------------------------|-------------------------|------|-------|-------|--|
| Mailing Address           | 701 Lima Avenue         |      |       |       |  |
|                           |                         |      |       |       |  |
|                           | Findlay                 |      | I OH  | 45840 |  |
|                           |                         |      |       |       |  |
|                           |                         | CITY | STATE |       |  |

FEC Form 1 (Revised 02/2009)

| Full Name of<br>Designated<br>Agent |  |  |  | 1 |   |     |   |   |   |   |  | 1 |     | 1   |    |    |    |    |    |  |  |  |  |    |    |    |   |  | _ |
|-------------------------------------|--|--|--|---|---|-----|---|---|---|---|--|---|-----|-----|----|----|----|----|----|--|--|--|--|----|----|----|---|--|---|
| Mailing Address                     |  |  |  |   |   |     |   |   |   |   |  |   |     |     |    |    |    |    |    |  |  |  |  |    |    |    |   |  |   |
|                                     |  |  |  |   |   |     |   |   |   |   |  |   |     |     |    |    |    |    |    |  |  |  |  |    |    |    |   |  |   |
|                                     |  |  |  |   |   |     |   | 1 | 1 | 1 |  | 1 | 1   | 1   |    |    |    |    | 1  |  |  |  |  |    |    |    |   |  |   |
|                                     |  |  |  |   | ( | CIT | Y |   |   |   |  |   |     |     |    |    | S  | TA | ΤE |  |  |  |  | ZI | PC | OD | Ε |  |   |
| Title or Position                   |  |  |  |   |   |     |   |   |   |   |  |   |     |     |    |    |    |    |    |  |  |  |  |    |    |    |   |  |   |
|                                     |  |  |  |   |   |     |   |   |   |   |  | Т | ele | oho | ne | nu | mb | er |    |  |  |  |  |    |    |    |   |  |   |

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.

| F                  | ifth Third Bank of Northwest Ohio |       |          |
|--------------------|-----------------------------------|-------|----------|
| Mailing Address    | 337 S. Main Street                |       |          |
|                    | MD296034                          |       |          |
|                    | Findlay                           | OH    | 45840    |
|                    | CITY                              | STATE | ZIP CODE |
| Name of Bank, Depo | ository, etc.                     |       |          |
| L                  |                                   |       |          |
| Mailing Address    |                                   |       |          |
|                    |                                   |       |          |
|                    |                                   |       |          |
|                    | CITY                              | STATE | ZIP CODE |