

# 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

Squire Patton Boggs Political Action Committee (Squire Patton Boggs PAC)

ADDRESS (number and street) 2550 M Street N.W.

(Check if address is changed)

Washington DC 20037  
CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) david.s.goodman@squirepb.com

Optional Second E-Mail Address  
jeffrey.weber@squirepb.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 06 / 18 / 2015

3. FEC IDENTIFICATION NUMBER C C00401083

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 David Goodman

Signature of Treasurer David Goodman [Electronically Filed] Date 06 / 18 / 2015

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.

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

Write or Type Committee Name

# Squire Patton Boggs Political Action Committee (Squire Patton Boggs PAC)

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

Squire Sanders (US) LLP Political Action Committee (Squire Sanders PAC)

Mailing Address 1200 19th Street  
 Suite 300  
 Washington DC 20036  
 CITY STATE 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 David Goodman  
 Mailing Address 2236 Elandon Drive  
 Cleveland Heights OH 44106  
 CITY STATE ZIP CODE  
 Title or Position  
 Treasurer Telephone number 216 479 8649

**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 David Goodman  
 Mailing Address 2236 Elandon Drive  
 Cleveland Heights OH 44106  
 CITY STATE ZIP CODE  
 Title or Position  
 Treasurer Telephone number 216 479 8649

Full Name of Designated Agent

Mr. Edward J. Newberry

Mailing Address

2550 M Street N.W.

Washington

DC

20037

CITY

STATE

ZIP CODE

Title or Position

Telephone number

202

457

5285

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.

Eagle Bank

Mailing Address

1850 K Street, NW

Washington

DC

20006

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

BB&T Bank

Mailing Address

601 13th Street

NW

Washington

DC

20005

CITY

STATE

ZIP CODE

# FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

**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.

[ ADDITIONAL ]

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

[ ADDITIONAL ]

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

\_\_\_\_\_

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

[ ADDITIONAL ]

**Designated Agent**

Full Name

Stephen Mahon \_\_\_\_\_

Mailing Address

221 E Fourth St. \_\_\_\_\_

Suite 2900 \_\_\_\_\_

Cincinnati \_\_\_\_\_ OH 45202 - \_\_\_\_\_

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number 513 - 361 - 1230

**Joint Fundraiser Participant**

[ ADDITIONAL ]

\_\_\_\_\_

FEC ID number

C \_\_\_\_\_

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**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.

[ ADDITIONAL ]

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

[ ADDITIONAL ]

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

\_\_\_\_\_

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

[ ADDITIONAL ]

**Designated Agent**

Full Name

Mark Ruehlman \_\_\_\_\_

Mailing Address

221 E Fourth Street \_\_\_\_\_

Suite 2900 \_\_\_\_\_

Cincinnati \_\_\_\_\_ OH 45202 - \_\_\_\_\_

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number 513 - 361 - 1210

**Joint Fundraiser Participant**

[ ADDITIONAL ]

\_\_\_\_\_

FEC ID number

C \_\_\_\_\_